

# **NATIONAL FIRE INCIDENT REPORTING SYSTEM**

**Version 5.0**

## **QUICK REFERENCE GUIDE**

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**FEDERAL EMERGENCY MANAGEMENT AGENCY  
UNITED STATES FIRE ADMINISTRATION  
NATIONAL FIRE DATA CENTER**

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## BASIC MODULE (NFIRS-1)

The basic module is required for every incident.

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering fire exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate this incident has been previously submitted and you now want to delete this incident from the database. If you check this box complete Section A and leave the rest of the report blank. <b>Required only when deleting the entire incident from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate this incident has been previously submitted and you now want to update or change the information in the database. If you check this box, complete Section A and the data elements that are to be updated or changed for the basic module. <b>Required only when updating a report. Section A must always be completed for a change transaction.</b>
<b>No Activity</b>	Check this box to indicate that your department had no reporting activity for the month. Complete Section A and enter the month and year of no activity in the Incident Date. Leave the rest of the report blank. <b>Required only when reporting a period of no activity.</b>

## B-INCIDENT LOCATION

**Wildland Address** Check this box if you are providing an alternate location on the Wildland Fire Module and skip the remainder of Section B. That report provides alternative methods of recording the location. **Blank means no Wildland Report alternate address is provided.**

**Census Tract** Enter the US Census Tract where the incident occurred. **Local option.**

**Location Type** For all addresses entered, check ONE box that best indicates the type of address you will be entering. **Required for all incidents unless Wildland Address block is checked and Wildland Module is used.**

- 1 Street address
- 2 Intersection
- 3 In front of
- 4 Rear of
- 5 Adjacent to
- 6 Directions

**Number or Milepost** For lots and structures, enter the street number. For highways and the like, enter the milepost number. For Intersections, leave blank. For Block addresses, enter the nearest street address and be sure to mark in front of, rear of, or adjacent to in the location type as needed. **Required for all incidents unless Wildland Address box is checked and the Wildland Module is used.**

**Prefix  
Street  
Street Type  
Suffix** For streets that have prefixes or suffixes, such as N, SE, and the like, enter the prefix or suffix in the separate space provided; omit periods. Enter the street name in the Street space provided, excluding any prefix or suffix. Enter the street type designation if it is on the list below. Otherwise, enter the street type as part of the street name. **Required for all incidents unless Wildland Address box is checked and the Wildland Module is used.**

**Prefix/Suffix List:**

<b>E</b>	East	<b>NE</b>	Northeast
<b>N</b>	North	<b>NW</b>	Northwest
<b>S</b>	South	<b>SE</b>	Southeast
<b>W</b>	West	<b>SW</b>	Southwest

**Street Type Codes:**

<b>ALY</b>	Alley	<b>CRES</b>	Cresent
<b>ANX</b>	Annex	<b>CRST</b>	Crest
<b>ARC</b>	Arcade	<b>XING</b>	Crossing
<b>AVE</b>	Avenue	<b>XRD</b>	Crossroad
<b>BCH</b>	Beach	<b>XRDS</b>	Crossroads
<b>BND</b>	Bend	<b>CURV</b>	Curve
<b>BLF</b>	Bluff	<b>DL</b>	Dale
<b>BLFS</b>	Bluffs	<b>DM</b>	Dam
<b>BTM</b>	Bottom	<b>DV</b>	Divide
<b>BLVD</b>	Boulevard	<b>DR</b>	Drive
<b>BR</b>	Branch	<b>DRS</b>	Drives
<b>BRG</b>	Bridge	<b>EST</b>	Estate
<b>BRK</b>	Brook	<b>ESTS</b>	Estates
<b>BRKS</b>	Brooks	<b>EXPY</b>	Expressway
<b>BG</b>	Burg	<b>EXT</b>	Extension
<b>BGS</b>	Burgs	<b>EXTS</b>	Extensions
<b>BYP</b>	Bypass	<b>FALL</b>	Fall
<b>CP</b>	Camp	<b>FLS</b>	Falls
<b>CYN</b>	Canyon	<b>FRY</b>	Ferry
<b>CPE</b>	Cape	<b>FLD</b>	Field
<b>CSWY</b>	Causeway	<b>FLDS</b>	Fields
<b>CTR</b>	Center	<b>FLT</b>	Flat
<b>CTRS</b>	Centers	<b>FLTS</b>	Flats
<b>CIR</b>	Circle	<b>FRD</b>	Ford
<b>CIRS</b>	Circles	<b>FRDS</b>	Fords
<b>CLF</b>	Cliff	<b>FRST</b>	Forest
<b>CLFS</b>	Cliffs	<b>FRG</b>	Forge
<b>CLB</b>	Club	<b>FRGS</b>	Forges
<b>CMN</b>	Common	<b>FRK</b>	Fork
<b>CMNS</b>	Commons	<b>FRKS</b>	Forks
<b>COR</b>	Corner	<b>FT</b>	Fort
<b>CORS</b>	Corners	<b>FWY</b>	Freeway
<b>CT</b>	Court	<b>GDN</b>	Garden
<b>CTS</b>	Courts	<b>GDNS</b>	Gardens
<b>CV</b>	Cove	<b>GTWY</b>	Gateway
<b>CVS</b>	Coves	<b>GLN</b>	Glen
<b>CRK</b>	Creek	<b>GLNS</b>	Glens



<b>GRN</b>	Green	<b>ML</b>	Mill
<b>GRNS</b>	Greens	<b>MLS</b>	Mills
<b>GRV</b>	Grove	<b>MSN</b>	Mission
<b>GRVS</b>	Groves	<b>MTWY</b>	Motorway
<b>HBR</b>	Harbor	<b>MT</b>	Mount
<b>HBRs</b>	Harbors	<b>MTN</b>	Mountain
<b>HVN</b>	Haven	<b>MTNS</b>	Mountains
<b>HTS</b>	Heights	<b>NCK</b>	Neck
<b>HWY</b>	Highway	<b>ORCH</b>	Orchard
<b>HL</b>	Hill	<b>OVAL</b>	Oval
<b>HLS</b>	Hills	<b>PARK</b>	Park
<b>HOLW</b>	Hollow	<b>PARKS</b>	Parks
<b>INLT</b>	Inlet	<b>PKY</b>	Parkway
<b>IS</b>	Island	<b>PKYS</b>	Parkways
<b>ISS</b>	Islands	<b>PASS</b>	Pass
<b>ISLE</b>	Isle	<b>PSGE</b>	Passage
<b>JCT</b>	Junction	<b>PATH</b>	Path
<b>JCTS</b>	Junctions	<b>PIKE</b>	Pike
<b>KY</b>	Key	<b>PNE</b>	Pine
<b>KYS</b>	Keys	<b>PNES</b>	Pines
<b>KNL</b>	Knoll	<b>PL</b>	Place
<b>KNLS</b>	Knolls	<b>PLZ</b>	Plaza
<b>LK</b>	Lake	<b>PT</b>	Point
<b>LKS</b>	Lakes	<b>PTS</b>	Points
<b>LNDG</b>	Landing	<b>PRT</b>	Port
<b>LN</b>	Lane	<b>PRTS</b>	Ports
<b>LGT</b>	Light	<b>PR</b>	Prairie
<b>LGTS</b>	Lights	<b>RADL</b>	Radial
<b>LF</b>	Loaf	<b>RAMP</b>	Ramp
<b>LCK</b>	Lock	<b>RNCH</b>	Ranch
<b>LCKS</b>	Locks	<b>RPD</b>	Rapid
<b>LDG</b>	Lodge	<b>RPDS</b>	Rapids
<b>LOOP</b>	Loop	<b>RST</b>	Rest
<b>MALL</b>	Mall	<b>RDG</b>	Ridge
<b>MNR</b>	Manor	<b>RDGS</b>	Ridges
<b>MNRS</b>	Manors	<b>RIV</b>	River
<b>MDW</b>	Meadow	<b>RD</b>	Road
<b>MDWS</b>	Meadows	<b>RDS</b>	Roads
<b>MEWS</b>	Mews	<b>RT</b>	Route

<b>ROW</b>	Row	<b>TRFY</b>	Trafficway
<b>RUE</b>	Rue	<b>TRL</b>	Trail
<b>RUN</b>	Run	<b>TRLR</b>	Trailer
<b>SHL</b>	Shoal	<b>TUNL</b>	Tunnel
<b>SHLS</b>	Shoals	<b>TPKE</b>	Turnpike
<b>SHR</b>	Shore	<b>UPAS</b>	Underpass
<b>SHRS</b>	Shores	<b>UN</b>	Union
<b>SKWY</b>	Skyway	<b>UNS</b>	Unions
<b>SPG</b>	Spring	<b>VLV</b>	Valley
<b>SPGS</b>	Springs	<b>VLVS</b>	Valleys
<b>SPUR</b>	Spur	<b>VIA</b>	Viaduct
<b>SPURS</b>	Spurs	<b>VW</b>	View
<b>SQ</b>	Square	<b>VWS</b>	Views
<b>SQS</b>	Squares	<b>VLG</b>	Village
<b>STA</b>	Station	<b>VLGS</b>	Villages
<b>STRA</b>	Stravenue	<b>VL</b>	Ville
<b>STRM</b>	Stream	<b>VIS</b>	Vista
<b>ST</b>	Street	<b>WALK</b>	Walk
<b>STS</b>	Streets	<b>WALK</b>	Walks
<b>SMT</b>	Summit	<b>WALL</b>	Wall
<b>TER</b>	Terrace	<b>WAY</b>	Way
<b>TRWY</b>	Throughway	<b>WAYS</b>	Ways
<b>TRCE</b>	Trace	<b>WL</b>	Well
<b>TRAK</b>	Track	<b>WLS</b>	Wells

<b>Apt. or Suite</b>	As applicable, enter the specific unit, apartment or suite designation (any combination of numbers and letters). <b>Required for all incidents, as applicable.</b>
<b>City State ZIP</b>	Enter the name of the city or town and the two letter abbreviation for the state where the incident occurred (See Appendix Section for State abbreviations). Enter the 5- or 9-digit ZIP code for the location. <b>Required for all incidents unless Wildland Address box is checked and the Wildland Module is used.</b>
<b>Cross-Street or Directions</b>	Leave blank unless you checked either Intersection or Directions as the Address Type. If you checked Intersection, enter the cross-street in the space provided. If you checked Directions, enter the directions in the space provided. Use directions ONLY if the location cannot be otherwise identified. <b>Required only for Intersections and Directions.</b>

## C-INCIDENT TYPE

**Incident Type** Enter a three-digit code and a description from the following pages that best describes the incident type. The codes are organized into series, as follows:

### Series Heading

<b>100</b>	Fire
<b>200</b>	Overpressure, Ruptures, Explosion, Overheat (no ensuing fire)
<b>300</b>	Rescue & Emergency Medical Service
<b>400</b>	Hazardous Conditions (No Fire)
<b>500</b>	Service Calls
<b>600</b>	Good Intent Calls
<b>700</b>	False Alarms & False Calls
<b>800</b>	Severe Weather & Natural Disasters
<b>900</b>	Other Type of Incidents

For incidents involving fire and HazMat or fire and EMS, use the fire codes. In general, use the lowest numbered series that applies to the incident. You will have an opportunity to describe multiple actions taken later in the report. **Required for all incidents.**

**Vehicle fires in or on buildings and other structures:** Use the codes for fires in mobile property (130 through 138) unless the building or structure became involved. In the latter case, use codes 111-123.

**Fires in buildings that are confined to noncombustible containers:** Use the codes 113-118 of the structure fire codes when there is not flame damage beyond the non-combustible container.

## Incident Type Codes

**Fires*****Structure Fire***

- 111 Building fire
- 112 Fires in structures other than in a building
- 113 Cooking fire, confined to container
- 114 Chimney or flue fire, confined to chimney or flue
- 115 Incinerator overload or malfunction, fire confined
- 116 Fuel burner/boiler malfunction, fire confined
- 117 Commercial Compactor fire, confined to rubbish
- 118 Trash or rubbish fire, contained

***Fire in mobile property used as a fixed structure***

- 121 Fire in mobile home used as fixed residence
- 122 Fire in motor home, camper, recreational vehicle
- 123 Fire in portable building, fixed location
- 120 Fire in mobile property used as a fixed structure, other

***Mobile property (vehicle) fire***

- 131 Passenger vehicle fire
- 132 Road freight or transport vehicle fire
- 133 Rail vehicle fire
- 134 Water vehicle fire
- 135 Aircraft fire
- 136 Self-propelled motor home or recreational vehicle
- 137 Camper or recreational vehicle (RV) fire
- 138 Off-road vehicle or heavy equipment fire
- 130 Mobile property (vehicle) fire, other

***Natural vegetation fire***

- 141 Forest, woods or wildland fire
- 142 Brush, or brush and grass mixture fire
- 143 Grass fire
- 140 Natural vegetation fire, other

***Outside rubbish fire***

- 151 Outside rubbish, trash or waste fire
- 152 Garbage dump or sanitary landfill fire
- 153 Construction or demolition landfill fire
- 154 Dumpster or other outside trash receptacle fire
- 155 Outside stationary compactor/compacted trash fire
- 150 Outside rubbish fire, other

***Special outside fire***

- 161 Outside storage fire
- 162 Outside equipment fire
- 163 Outside gas or vapor combustion explosion
- 164 Outside mailbox fire
- 160 Special outside fire, other

***Cultivated vegetation, crop fire***

- 171 Cultivated grain or crop fire
- 172 Cultivated orchard or vineyard fire
- 173 Cultivated trees or nursery stock fire
- 170 Cultivated vegetation, crop fire, other

***Fire, other***

- 100 Fire, other

***Overpressure Rupture, Explosion, Overheat -no fire******Overpressure rupture from steam***

- 211 Overpressure rupture of steam pipe or pipeline
- 212 Overpressure rupture of steam boiler
- 213 Steam rupture of pressure or process vessel
- 210 Overpressure rupture from steam, other

***Overpressure rupture from air or gas***

- 221 Overpressure rupture of air or gas pipe/pipeline
- 222 Overpressure rupture of boiler from air or gas

223	Air or gas rupture of pressure or process vessel		
220	Overpressure rupture from air or gas, other		
	<b><i>Chemical reaction rupture of process vessel</i></b>		
231	Chemical reaction rupture of process vessel		
	<b><i>Explosion (no fire)</i></b>		
241	Munitions or bomb explosion (no fire)		
242	Blasting agent explosion (no fire)		
243	Fireworks explosion (no fire)		
240	Explosion (no fire), other		
	<b><i>Excessive heat, scorch burns with no ignition</i></b>		
251	Excessive heat, scorch burns with no ignition		
	<b><i>Overpressure rupture, explosion, overheat; other</i></b>		
200	Overpressure rupture, explosion, overheat; other		
	<b>Rescue &amp; Emergency Medical Service Incidents</b>		
	<b><i>Medical assist</i></b>		
311	Medical assist, assist EMS crew		
	<b><i>Emergency medical service (EMS)</i></b>		
321	EMS call, excluding vehicle accident with injury		
322	Vehicle accident with injuries		
323	Motor vehicle/pedestrian accident (MV Ped)		
	<b><i>Lock-in</i></b>		
331	Lock-in (if lock out, use 511 )		
	<b><i>Search</i></b>		
341	Search for person on land		
342	Search for person in water		
343	Search for person underground		
340	Search, other		
	<b><i>Extrication, rescue</i></b>		
351	Extrication of victim(s) from building/structure		
352	Extrication of victim(s) from vehicle		
353	Removal of victim(s) from stalled elevator		
354	Trench/below grade rescue		
355	Confined space rescue		
356	High angle rescue		
357	Extrication of victim(s) from machinery		
350	Extrication, rescue, other		
	<b><i>Water &amp; ice related rescue</i></b>		
361	Swimming/recreational water areas rescue		
362	Ice rescue		
363	Swift water rescue		
364	Surf rescue		
365	Watercraft rescue		
360	Water & ice related rescue, other		
	<b><i>Electrical rescue</i></b>		
371	Electrocution or potential electrocution		
372	Trapped by power lines		
370	Electrical rescue, other		
	<b><i>Rescue or EMS standby</i></b>		
381	Rescue or EMS standby		
	<b><i>Rescue, emergency medical call (EMS) call, other</i></b>		
300	Rescue, emergency medical call (EMS) call, other		
	<b>Hazardous Conditions (No fire)</b>		
	<b><i>Flammable gas or liquid condition</i></b>		
411	Gasoline or other flammable liquid spill		
412	Gas leak (natural gas or LPG)		
413	Oil or other combustible liquid spill		
410	Flammable gas or liquid condition, other		
	<b><i>Toxic condition</i></b>		
421	Chemical hazard (no spill or leak)		
422	Chemical spill or leak		
423	Refrigeration leak		
424	Carbon monoxide incident		

420	Toxic condition, other		
	<b>Radioactive condition</b>	541	Animal problem
431	Radiation leak, radioactive material	542	Animal rescue
430	Radioactive condition, other	540	Animal problem, other
	<b>Electrical wiring/equipment problem</b>		<b>Public service assistance</b>
441	Heat from short circuit (wiring), defective/worn	551	Assist police or other governmental agency
442	Overheated motor	552	Police matter
443	Light ballast breakdown	553	Public service
444	Power line down	554	Assist invalid
445	Arcing, shorted electrical equipment	555	Defective elevator, no occupants
440	Electrical wiring/equipment problem, other	550	Public service assistance, other
	<b>Accident, potential accident</b>		<b>Unauthorized burning</b>
461	Building or structure weakened or collapsed	561	Unauthorized burning
462	Aircraft standby		<b>Cover assignment, standby, moveup</b>
463	Vehicle accident, general cleanup	571	Cover assignment, standby, moveup
460	Accident, potential accident, other		<b>Service call, other</b>
	<b>Explosive, bomb removal</b>	500	Service call, other
471	Explosive, bomb removal (for bomb scare, use 721)		<b>Good Intent Call</b>
	<b>Attempted burning, illegal action</b>		<b>Dispatched &amp; canceled en route</b>
481	Attempt to burn	611	Dispatched & canceled en route
482	Threat to burn		<b>Wrong location</b>
480	Attempted burning, illegal action, other	621	Wrong location
	<b>Hazardous condition, other</b>		<b>Controlled burning</b>
400	Hazardous condition, other	631	Authorized controlled burning
	<b>Service Call</b>	632	Prescribed fire
	<b>Person in distress</b>		<b>Vicinity alarm</b>
511	Lock-out	641	Vicinity alarm (incident in other location)
512	Ring or jewelry removal		<b>Steam, other gas mistaken for smoke</b>
510	Person in distress, other	651	Smoke scare, odor of smoke
	<b>Water problem</b>	652	Steam, vapor, fog or dust thought to be smoke
521	Water evacuation	653	Barbecue, tar kettle
522	Water or steam leak	650	Steam, other gas mistaken for smoke, other
520	Water problem, other		
	<b>Smoke or odor removal</b>		
531	Smoke or odor removal		

<b>EMS call where party has been transported</b>		735	Alarm system sounded due to malfunction
661	EMS call, party transported by non-fire agency	736	CO detector activation due to malfunction
<b>HazMat release investigation w/ no HazMat</b>		730	System malfunction, other
671	HazMat release investigation w/ no HazMat	<b>Unintentional transmission of alarm</b>	
<b>Good intent call, other</b>		741	Sprinkler activation, no fire – unintentional
600	Good intent call, other	742	Extinguishing system activation
<b>False Alarm &amp; False Call</b>		743	Smoke detector activation, no fire – unintentional
<b>Malicious, mischievous false call</b>		744	Detector activation, no fire – unintentional
711	Municipal alarm system, malicious false alarm	745	Alarm system sounded, no fire – unintentional
712	Direct tie to FD, malicious/false alarm	746	Carbon monoxide detector activation, no CO
713	Telephone, malicious false alarm	740	Unintentional transmission of alarm, other
714	Central station, malicious false alarm	<b>False alarm or false call, other</b>	
715	Local alarm system, malicious false alarm	700	False alarm or false call, other
710	Malicious, mischievous false call, other	<b>Severe Weather &amp; Natural Disaster</b>	
<b>Bomb scare - no bomb</b>		811	Earthquake assessment
721	Bomb scare - no bomb	812	Flood assessment
<b>System malfunction</b>		813	Wind storm, tornado/hurricane assessment
731	Sprinkler activation due to malfunction	814	Lightning strike (no fire)
732	Extinguishing system activation due to malfunction	815	Severe weather or natural disaster standby
733	Smoke detector activation due to malfunction	800	Severe weather or natural disaster, other
734	Heat detector activation due to malfunction	<b>Special incident type</b>	
		911	Citizen complaint
		900	Special type of incident, other

## D-AID GIVEN OR RECEIVED

<b>Aid Given or Received</b>	Check a box to indicate whether aid was given or received. Otherwise, check the “None” box. <b>Required for all incidents.</b> <ul style="list-style-type: none"> <li>1 Mutual aid received</li> <li>2 Automatic aid received</li> <li>3 Mutual aid given</li> <li>4 Automatic aid given</li> <li>5 Other aid given</li> <li>N None or no mutual aid involved</li> </ul>
<b>Their FDID</b>	Leave blank unless you <i>gave</i> aid to another fire department. If you <i>gave</i> aid to another department, enter that department's Fire Department Identification Number and the two-character state abbreviation. Then use the rest of this incident report to indicate what <i>your department did at this incident</i> . <b>Required if you checked the Mutual Aid Given or Automatic Aid Given box.</b>
<b>Their State</b>	
<b>Their Incident Number</b>	If you <i>gave</i> aid to another fire department enter the incident number assigned to the incident by that department. <b>Required if you checked the Mutual Aid Given box or the Automatic Aid Given box.</b>
<b>Resources &amp; Casualties in Aid Situations</b>	<p>If you give aid, you may choose to report your own resources at your option. Similarly, if you receive aid, you may choose whether to count only your own resources or those of the aid-giving department, as well. See Section G1: Resources.</p> <p>The aid-receiving department should always report all casualties other than the fire service casualties of the aid-giving department. Each department reports its own fire service casualties.</p>

## E1-DATES AND TIMES

<b>Alarm Date</b>	Enter the numeric designation for the month, day and year that the alarm was received by the fire department. <b>Required for all incidents.</b>
<b>Alarm Time</b>	Enter the time of day that the alarm was received by the fire department. Use military time. <b>Required for all incidents.</b>
<b>Arrival Date</b>	If the date that the first fire department personnel arrived on-scene was the same as the Alarm Date, just check the box provided. Otherwise, enter the numeric designation for the month, day and year. Arrival date should be the same as Last Unit Cleared if cancelled on the way to a call. <i>Do not check the box if the Alarm Time was before midnight and the Arrival Time was after midnight.</i> <b>Required for all incidents.</b>
<b>Arrival Time</b>	Always enter the time of day that the first fire department personnel arrived on-scene. Use military time. <b>Required for all incidents.</b>



<b>Controlled Date</b>	Leave blank except for fires. For fires, enter the date that the fire was determined by the incident commander to be under control. If the date that the fire was controlled was the same as the Alarm Date, just check the box provided. <i>Do not check the box if the Controlled Date was after midnight and the Alarm Date was before Midnight.</i> <b>Required for wildland fires; optional for other fires; otherwise leave blank.</b>
<b>Controlled Time</b>	Leave blank except for fires. For fires, enter the time of day that the fire was determined by the incident commander to be under control. Use military time. <b>Required for wildland fires; optional for other fires; otherwise leave blank.</b>
<b>Last Unit Cleared Date</b>	If the date that the last fire department personnel left the scene was the same as the Alarm Date, just check the box provided. <i>Do not check the box if the incident extended (from the Alarm Time to the Clear Time) across midnight.</i> <b>Required for all incidents.</b>
<b>Last Unit Cleared Time</b>	Always enter the time of day that the last fire department personnel left the scene. Use military time. If cancelled en route, enter the time of cancellation in this space. <b>Required for all incidents.</b>

## E2-SHIFT AND ALARMS

<b>Shift or Platoon</b>	Enter the shift or platoon designation (for example, A or 1) corresponding to the work shift during which the alarm occurred. <b>Local option.</b>
<b>Alarms</b>	Enter the number of alarms transmitted for this incident. <b>Local option.</b>
<b>District</b>	Enter the <i>number</i> identifying the fire department district in which this incident occurred. <b>Local option.</b>

## E3-SPECIAL STUDIES

<b>Special Study</b>	Enter values for any special studies as defined in the state or local jurisdiction. <b>Local option.</b>
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## F-ACTIONS TAKEN

<b>Primary Action Taken</b>	Enter the two-digit code and description that best describes the most significant action taken during the incident. Only one entry is required. If cancelled enroute, use code 93. <b>Required for all incidents.</b>
<b>Additional Actions Taken</b>	Enter the two-digit codes and descriptions for additional actions taken, as applicable. <b>Optional.</b>

**Actions Taken Codes****Fire**

- 11 Extinguish
- 12 Salvage & overhaul
- 13 Establish fire lines (wildfire)
- 14 Contain fire (wildland)
- 15 Confine fire (wildland)
- 16 Control fire (wildland)
- 17 Manage prescribed fire (wildland)
- 10 Fire, other

**Search & Rescue**

- 21 Search
- 22 Rescue, remove from harm
- 23 Extricate, disentangle
- 24 Recover body
- 20 Search & rescue, other

**EMS & Transport**

- 31 Provide first aid & check for injuries
- 32 Provide basic life support (BLS)
- 33 Provide advanced life support (ALS)
- 34 Transport person
- 30 Emergency medical services, other

**Hazardous Condition**

- 41 Identify, analyze hazardous materials
- 42 HazMat detection, monitoring, sampling, & analysis
- 43 Hazardous materials spill control and confinement
- 44 Hazardous materials leak control & containment
- 45 Remove hazard
- 46 Decontaminate persons or equipment
- 47 Decontaminate occupancy or area
- 48 Remove hazardous materials
- 40 Hazardous condition, other

**Fires, Rescues & Hazardous Conditions**

- 51 Ventilate
- 52 Forcible entry
- 53 Evacuate area
- 54 Determine if materials are non-

hazardous

- 55 Establish safe area
- 56 Provide air supply
- 57 Provide light or electrical power
- 58 Operate apparatus or vehicle
- 50 Fires, rescues & hazardous conditions, other

**Systems & Services**

- 61 Restore municipal services
- 62 Restore sprinkler or fire protection system
- 63 Restore fire alarm system
- 64 Shut down system
- 65 Secure property
- 66 Remove water
- 60 Systems and services, other

**Assistance**

- 71 Assist physically disabled
- 72 Assist animal
- 73 Provide manpower
- 74 Provide apparatus
- 75 Provide equipment
- 76 Provide water
- 77 Control crowd
- 78 Control traffic
- 79 Assess severe weather or natural disaster damage
- 70 Assistance, other

**Information, Investigation & Enforcement**

- 81 Incident command
- 82 Notify other agencies
- 83 Provide information to public or media
- 84 Refer to proper authority
- 85 Enforce code
- 86 Investigate
- 80 Information, investigation & enforcement, other

**Fill-in, Standby**

- 91 Fill-in or moveup
- 92 Standby
- 93 Cancelled enroute
- 90 Fill-in, standby, other
- 00 Action taken, other

## G1-RESOURCES

<b>Apparatus and Personnel Form Check Box</b>	Check this box to indicate that you are completing either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10). If this box is checked, you may skip the rest of this Section G1.
<b>Suppression Apparatus</b>	Enter the number of fire apparatus and vehicles, excluding EMS vehicles that responded from your department. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>Suppression Personnel</b>	Enter the number of fire personnel that responded from your department, other than personnel responding in EMS vehicles. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>EMS Units</b>	Enter the number of EMS vehicles that responded from your department. Include Advanced Life Support and Basic Life Support units. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>EMS Personnel</b>	Enter the number of personnel that responded to this incident in EMS vehicles. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>Other Units</b>	Enter the number of units that responded to this incident from your department other than fire vehicles and ALS/BLS units. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
<b>Other Personnel</b>	Enter the number of personnel that responded to this incident from your department on units counted as Other Units, above. <b>Required for all incidents unless either the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10) is used.</b>
	Classify your apparatus and personnel based upon their main USE at the incident. An engine that responds to an EMS call should be classified as an EMS vehicle. To track individual apparatus AND their use at the incident, use the Apparatus or Resource form (NFIRS-9) or the Personnel form (NFIRS-10).
	Chief officer vehicles and privately owned vehicles should be considered as Other. The personnel arriving in these vehicles should be classified according to their main use at the incident.
<b>Resource Counts Include Aid Received</b>	If you receive aid, you may choose whether to count the resources of all responding departments or only your own department's resources. If you elect to include the resources from other departments, check this box.

## G2-ESTIMATED DOLLAR LOSSES & VALUES

All that is required is your estimate, not absolute precision. Insurance companies and property owners will get their own independent estimates of the loss, as necessary. These entries are intended for use by your department, your state and the federal government to establish broad categories of dollar losses. Property owners and managers can help with estimates. These estimates are not intended to be legally binding in any way.

<b>Property Loss</b>	If the building, other structure, outside property or vehicle sustained damage from flame, smoke, or suppression efforts, enter your estimate of the loss in whole dollars. <i>Exclude from this amount the estimated loss to building contents or other structure contents; enter contents losses separately in the space provided later in this section.</i> Check the "None" box if there is no loss in this area. <b>Required for all fires (Incident Types 100-173) whenever dollar value of property loss (excluding contents) is known.</b>
<b>Contents Loss</b>	If contents of a building, other structure or vehicle sustained damage from flame, smoke, suppression efforts or otherwise and those contents had value (not trash or other valueless materials), enter your estimate of the loss in whole dollars. Check the "None" box if there is no loss in this area. <b>Required for all fires (Incident Types 100-173) whenever dollar value of contents loss is known.</b>
<b>Pre-Incident Property Value</b>	Enter your estimate of the property value prior to the incident, excluding contents, based upon available information (for example, the owner). Check the "None" box if there is no loss in this area. <b>Local option.</b>
<b>Pre-Incident Contents Value</b>	Enter your estimate of the contents value prior to the incident based upon available information (for example, the owner). Check the "None" box if there is no loss in this area. <b>Local option.</b>

### Completed Modules

The paper forms provide an area to indicate which paper form modules are included with the incident. This information is not collected as data in NFIRS but is provided for paper form management purposes only.

## H1-CASUALTIES

In mutual aid situations, each department reports its own fire service casualties. Only the receiving department reports other casualties.

<b>None</b>	Check this box to indicate that there were no fatalities or injuries to either fire fighters or other persons. If this box is checked, skip the rest of this Section. <b>Required for all incidents unless entries are made in the rest of this Section.</b>
<b>Fire Service – Deaths</b>	Enter the number of fire service personnel <i>from your department</i> who died in connection with this incident. Be sure to complete a Fire Service Casualty Report for each individual counted here. <b>Required for all</b>

**incidents.**

<b>Fire Service – Injuries</b>	Enter the number of fire service personnel <i>from your department</i> who were injured (but did not die) in connection with this incident. Be sure to complete a Fire Service Casualty Report for each individual counted here. <b>Required for all incidents.</b>
<b>Civilian – Deaths</b>	Enter the number of people who died in connection with this incident other than fire service personnel. Be sure to complete a Civilian Fire Casualty Report for each fire death counted here. <b>Required for all incidents.</b>
<b>Civilian – Injuries</b>	Enter the number of people who were injured (but did not die) in connection with this incident other than fire service personnel. Be sure to complete a Civilian Fire Casualty Report for each fire injury counted here. <b>Required for all incidents.</b>

**H2-DETECTOR**

<b>Detector</b>	Check a box to indicate whether a detector alerted occupants in this incident (regardless of detector type, including smoke, carbon monoxide, etc.). <b>Required for all confined fires (Incident Type 113-118). Blank means that the incident type was one for which detector operation would not apply.</b>
	<ul style="list-style-type: none"> <li>1 Detector alerted occupants</li> <li>2 Detector did not alert occupants</li> <li>U Unknown</li> </ul>

**H3-HAZARDOUS MATERIALS RELEASE**

<b>Hazardous Materials Release</b>	Check a box to indicate the type of hazardous materials (if any) involved in this incident. If you check 'Other', you should complete the Hazardous Materials module if required by your state or local jurisdiction. Otherwise, use of the Hazardous Materials Module is not necessary. <b>Required whenever hazardous materials are involved regardless of incident type.</b>
	<ul style="list-style-type: none"> <li>1 Natural gas: slow leak, no evacuation or HazMat actions</li> <li>2 Propane gas: less than 21 lb. tank (as in home BBQ grill)</li> <li>3 Gasoline: vehicle fuel tank or portable container less than 55 gallons</li> <li>4 Kerosene: fuel burning equipment or portable storage less than 55 gallons.</li> <li>5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage less than 55 gallons.</li> <li>6 Household solvents: home/office spill, cleanup only, less than 55 gallons.</li> <li>7 Motor oil: from engine or portable container less than 55 gallons.</li> <li>8 Paint: from paint cans totaling less than 55 gallons</li> <li>0 Other: Special HazMat actions required or spill greater than or equal to 55 gallons</li> <li>N No HazMat involved</li> </ul>

## I-MIXED USE PROPERTY

### Mixed Use

Check a box to indicate if the incident occurred at one of the listed mixed use properties; otherwise, check the Not Mixed box. All choices for Mixed Use are presented as check boxes. Check the appropriate box even if the incident did not involve the entire complex (for example a single store in a mall). **Required for all incidents.**

- 10** Assembly use
- 20** Education use
- 33** Medical use
- 40** Residential use
- 51** Row of stores
- 53** Enclosed mall
- 58** Business & residential
- 59** Office use
- 60** Industrial use
- 63** Military use
- 65** Farm use
- 00** Other mixed use
- NN** Not mixed

## J-PROPERTY USE

### Property Use

Either check a box to indicate the property use where the incident occurred or complete the coded entry and description in the area indicated. If you check a box indicating the property use, *you do not have to complete the coded entry*. The most frequently encountered property uses are presented as check boxes for your convenience. If the appropriate property use does not appear as a check box, refer to the following codes. **Required for all incidents (either check a box or enter a code).**

**Mobile Homes:** Use code 419 for mobile homes that are used primarily as fixed residences. If the mobile home is in transit, use the code describing the property where the mobile home is located at the time of the incident.

**Property Type 500s, 600s, 700s, and 800s.** If the property use code falls in the 500, 600, 700, or 800 series, completion of the "C-On-Site Materials" field will be required in the Fire Module (NFIRS-2) if the incident is a fire.

## Property Use Codes

<b>Assembly</b>		<b>210</b>	Schools, non-adult, other
<b>111</b>	Bowling alley	<b>241</b>	Adult education center, college classroom
<b>112</b>	Billiard center, pool hall	<b>254</b>	Day care, in commercial property
<b>113</b>	Electronic amusement center	<b>255</b>	Day care, in residence, licensed
<b>114</b>	Ice rink: indoor, outdoor	<b>256</b>	Day care in residence, unlicensed.
<b>115</b>	Roller rink: indoor or outdoor	<b>200</b>	Educational, other
<b>116</b>	Swimming facility: indoor or outdoor		
<b>110</b>	Fixed use recreation places, other		
<b>121</b>	Ballroom, gymnasium		<b>Health Care, Detention &amp; Correction</b>
<b>122</b>	Convention center, exhibition hall	<b>311</b>	24-hour care Nursing homes, 4 or more persons
<b>123</b>	Stadium, arena	<b>321</b>	Mental retardation/development disability facility
<b>124</b>	Playground	<b>322</b>	Alcohol or substance abuse recovery center
<b>129</b>	Amusement center: indoor/outdoor	<b>323</b>	Asylum, mental institution
<b>120</b>	Variable use amusement, recreation places	<b>331</b>	Hospital – medical or psychiatric
<b>131</b>	Church, mosque, synagogue, temple, chapel	<b>332</b>	Hospices
<b>134</b>	Funeral parlor	<b>341</b>	Clinic, clinic-type infirmary
<b>130</b>	Places of worship, funeral parlors	<b>342</b>	Doctor, dentist or oral surgeon's office
<b>141</b>	Athletic/health club	<b>343</b>	Hemodialysis unit
<b>142</b>	Clubhouse	<b>340</b>	Clinics, Doctors offices, hemodialysis centers, other
<b>143</b>	Yacht Club	<b>361</b>	Jail, prison (not juvenile)
<b>144</b>	Casino, gambling clubs	<b>363</b>	Reformatory, juvenile detention center
<b>140</b>	Clubs, other	<b>365</b>	Police station
<b>151</b>	Library	<b>300</b>	Health care, detention, & correction, other
<b>152</b>	Museum		
<b>154</b>	Memorial structure, including monuments & statues		<b>Residential</b>
<b>155</b>	Courthouse	<b>419</b>	1 or 2 family dwelling
<b>150</b>	Public or government, other	<b>429</b>	Multifamily dwellings
<b>161</b>	Restaurant or cafeteria	<b>439</b>	Boarding/rooming house, residential hotels
<b>162</b>	Bar or nightclub	<b>449</b>	Hotel/motel, commercial
<b>160</b>	Eating, drinking places	<b>459</b>	Residential board and care
<b>171</b>	Airport passenger terminal	<b>462</b>	Sorority house, fraternity house
<b>173</b>	Bus station	<b>464</b>	Barracks, dormitory
<b>174</b>	Rapid transit station	<b>460</b>	Dormitory type residence, other
<b>170</b>	Passenger terminal, other	<b>400</b>	Residential, other
<b>181</b>	Live performance theater		
<b>182</b>	Auditorium or concert hall		<b>Mercantile, Business</b>
<b>183</b>	Movie theater	<b>511</b>	Convenience store
<b>185</b>	Radio, television studio	<b>519</b>	Food and beverage sales, grocery store
<b>186</b>	Film/movie production studio	<b>529</b>	Textile, wearing apparel sales
<b>180</b>	Studio/theater, other	<b>539</b>	Household goods, sales, repairs
<b>100</b>	Assembly, Other	<b>549</b>	Specialty shop
<b>Educational</b>			
<b>211</b>	Preschool		
<b>213</b>	Elementary school, including kindergarten		
<b>215</b>	High school/junior high school/middle school		

[illegible]



**K1-PERSON/ENTITY INVOLVED**

<b>Business Name</b>	Enter a business entity name, if applicable, without regard to whether you check the "Same Address" box. <b>Local option.</b>																
<b>Phone Number</b>	Enter a phone number, including area code, for the person or entity involved, without regard to whether you check the "Same Address" box. <b>Local option.</b>																
<b>Individual Name</b>	Enter an individual name or the manager/owner of the business specified in Business Name, if any, without regard to whether you check the "Same Address" box. Use the prefix space to enter MR, MRS, MS, DR, or REV. Use the Suffix space to enter JR, SR, I, II, III, IV, MD, or DDS. <b>Local option.</b>																
<b>Same Address As Location</b>	If the person or entity involved has an address that is the same as the Incident Location specified in Section B, just check this box. Then, only the Business name, Phone Number and Individual Name are required. <b>Local option.</b>																
<b>Number</b>	For lots and structures, enter the street number. <b>Local option.</b>																
<b>Prefix Street Street Type Suffix</b>	For streets that have prefixes or suffixes, such as N, SE, and the like, enter the prefix or suffix in the separate space provided; omit periods. Enter the street name in the Street space provided, excluding any prefix or suffix. Enter the street type designation if it is on the list below. Otherwise, enter the street type as part of the street name. <b>Local option.</b>																
<b>Prefix/Suffix List:</b> <table border="0" style="width: 100%;"> <tr> <td><b>E</b></td> <td>East</td> <td><b>NE</b></td> <td>Northeast</td> </tr> <tr> <td><b>N</b></td> <td>North</td> <td><b>NW</b></td> <td>Northwest</td> </tr> <tr> <td><b>S</b></td> <td>South</td> <td><b>SE</b></td> <td>Southeast</td> </tr> <tr> <td><b>W</b></td> <td>West</td> <td><b>SW</b></td> <td>Southwest</td> </tr> </table>		<b>E</b>	East	<b>NE</b>	Northeast	<b>N</b>	North	<b>NW</b>	Northwest	<b>S</b>	South	<b>SE</b>	Southeast	<b>W</b>	West	<b>SW</b>	Southwest
<b>E</b>	East	<b>NE</b>	Northeast														
<b>N</b>	North	<b>NW</b>	Northwest														
<b>S</b>	South	<b>SE</b>	Southeast														
<b>W</b>	West	<b>SW</b>	Southwest														
<b>Street Type List:</b> <i>Please refer to the listing on page 7 for the listing.</i>																	
<b>Apt. or Suite</b>	As applicable, enter the specific unit, apartment or suite designation (any combination of numbers and letters). <b>Local option.</b>																
<b>City State ZIP</b>	Enter the name of the city or town and the two letter abbreviation for the state where the incident occurred (See Appendix Section for State abbreviations). Enter the 5- or 9-digit ZIP code for the location. <b>Local option.</b>																
<b>P.O. Box</b>	Fill in this block if the individual or business uses a Post Office Box number.																

The Address may be left blank if the "Same Address" box is checked or if the "Same As Person Involved" box is checked (see above). **Local option.**

If there is more than one person involved, check the box and attach NFIRS-1S forms as needed

**K2-OWNER**

**Same As Person Involved** Check this box if the Owner is the same person or entity as the Person or Entity Involved specified in Section K1. If this box is checked, the rest of this Section K2 may be skipped. **Local option.**

**Business Name** Enter a business entity name, if applicable, that owns the property identified in Section B: Incident Location, without regard to whether you check the "Same Address" box. **Local option.**

**Phone Number** Enter a phone number, including area code, for the owner of the property identified in Section B: Incident Location, without regard to whether you check the "Same Address" box. **Local option.**

**Individual Name** Enter an individual name or the manager/owner of the business specified in Business Name, if any, that owns the property identified in Section I, Incident Location, without regard to whether you check the "Same Address" box. Use the prefix space to enter MR, MRS, MS, DR, or REV. Use the Suffix space to enter JR, SR, I, II, III, IV, MD, or DDS. **Local option.**

**Same Address Box** If the person or entity involved has an address that is the same as the Incident Location specified in Section B, just check this box. Then, only the Business name, Phone Number and Individual Name are required. **Local option.**

**Number** For lots and structures, enter the street number. **Local option.**

**Prefix  
Street  
Street Type  
Suffix** For streets that have prefixes or suffixes, such as N, SE, and the like, enter the prefix or suffix in the separate space provided; omit periods. Enter the street name in the Street space provided, excluding any prefix or suffix. Enter the street type designation if it is on the list below. Otherwise, enter the street type as part of the street name. **Local option.**

**Prefix/Suffix List:**

<b>E</b>	East	<b>NE</b>	Northeast
<b>N</b>	North	<b>NW</b>	Northwest
<b>S</b>	South	<b>SE</b>	Southeast
<b>W</b>	West	<b>SW</b>	Southwest

**Street Type List:**

***Please refer to the listing on page 7 of the Basic Module Instructions***

**Apt. or Suite** As applicable, enter the specific unit, apartment or suite designation (any combination of numbers and letters). **Local option.**

**City  
State** Enter the name of the city or town and the two letter abbreviation for the state where the incident occurred (See Appendix Section for State

**ZIP** abbreviations). Enter the 5- or 9-digit ZIP code for the location. **Local option.**

**P.O. Box** Fill in this block if the individual or business uses a Post Office Box number.

The Address may be left blank if the "Same Address" box is checked or if the "Same As Person Involved" box is checked (see above). **Local option.**

## L-REMARKS

**Remarks** Use this space to describe the incident in your own words. Of particular importance are observations that could aid investigators. Use additional sheets, as necessary. Additional sheets must have Section A at the top of each sheet completed. **Optional.**

## M-AUTHORIZATION

**ID of Officer In Charge** Enter the ID number of the officer in charge of the incident. **Local option.**

**Name of Officer in Charge** The officer in charge of the incident should sign the report here. **Local option.**

**Position/Rank of Officer In Charge** Indicate the position or rank of the officer in charge of the incident. For example, Assistant Chief. **Local option.**

**Assignment of Officer In Charge** Enter the company or department assignment of the officer in charge of the incident. **Local option.**

**Date Signed By Officer in Charge** Enter the month, day and year that the officer in charge of the incident signed this report. **Local option.**

**Same as Officer In Charge** Check this box if the member making this report is the same as the officer in charge. Then skip the remainder of this Section M.

**ID of Member Making Report** Enter the identification number of the member making this report. **Local option.**

**Name of Member** The member making this report should sign the report here. **Local option.**

**Position/Rank of Member** Indicate the position or rank of the member making this report. For example, Assistant Chief. **Local option.**

**Assignment of Member** Enter the company or department assignment of the member making this report. **Local option.**

**Date Signed By Member** Enter the month, day and year that the member signed this report. **Local option.**

## FIRE MODULE (NFIRS-2)

The Fire Module is required for incident types 100-173. The Wildland Fire Module can be used in place of the Fire Module for incident types 140-143, 170-173, 561, 631, and 632.

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate this incident has been previously submitted with fire module data and you now want to delete this fire module data from the database. If you check this box, complete Section A and leave the rest of the report blank. <b>Required only when deleting the entire fire module data from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate this incident has been previously submitted with fire module data and you now want to update or change the fire module data in the database. If you check this box, complete Section A and the data elements that are to be updated or changed for this module. <b>Required only when updating fire module data. Section A must always be completed for a change transaction.</b>

## B-PROPERTY DETAILS

### B1-NUMBER OF RESIDENTIAL LIVING UNITS

**Number of Residential Living Units** Enter the estimated total number of residential living units in the building of origin, whether or not all the units became involved or were occupied at the time of the fire. Check "Not Residential" if the fire did not occur in residential property.

### B2-NUMBER OF BUILDINGS INVOLVED

**Number of Buildings Involved** Enter the total number of buildings involved in the fire. This total should include all building exposures. If there were no buildings involved, check the box to indicate that none were involved.

### B3-ACRES BURNED

**Acres Burned** Enter the number of acres burned in this fire if at least one acre burned. Otherwise, check either the "None" box or the "Less than one acre" box.

## C-ON-SITE MATERIALS OR PRODUCTS

If Property Use in the 500s, 600s, 700s, or 800s was listed in the Basic Module (NFIRS-1), Block J, then this field is required. It is also useful for other property types.

**None** Check this box to indicate that no significant amounts of commercial, industrial, agricultural or energy products or materials were stored on this property. If any of these products or materials were present, *whether or not they became involved*, do not check this box: complete the rest of this Section. **Required unless at least one On-Site Material entry is made.**

**On-Site Material 1** Enter a code and description from the list in this Section C for any significant amount of any material stored, processed or sold at the property involved *without regard to whether the material was involved in the fire*. See note below concerning the associated check boxes. While On-site Material should be entered for stores, manufacturing and storage facilities, you can code materials that might not ordinarily be found at a location. **Required for all fires in the applicable Property Use range unless the "None" box is checked.**

**On-Site Material 2 & 3** Use these optional, additional spaces to enter other On-Site Materials that are stored, processed or sold on the property. See the note below concerning the associated check boxes. **Optional.**

**Bulk Storage**  
**Processing or mfg.**  
**Packaged goods**  
**Repair or service**

For each On-site Material entry you make, check one of the four associated boxes to indicate whether the material is stored, processed, sold, or repaired at the property. Check Processing/Manufacture if the material is both stored and processed. **Required whenever On-Site Material entry is made.**

### On-Site Materials Codes

	<b>Foods, Beverages, Agriculture</b>	<b>223</b>	Eyeglasses
		<b>225</b>	Perfumes, colognes, cosmetics
	<b>Food</b>	<b>226</b>	Toiletries
<b>111</b>	Baked goods	<b>220</b>	Wearable products, other
<b>112</b>	Meat products, including poultry & fish		
<b>113</b>	Dairy products	<b>231</b>	<b>Accessories</b> Jewelry, watches
<b>114</b>	Produce, fruit or vegetables	<b>232</b>	Luggage, suitcases
<b>115</b>	Sugar, spices	<b>233</b>	Purses, satchels, briefcases, wallets, belts
<b>116</b>	Deli products		
<b>117</b>	Cereals, grains; packaged	<b>230</b>	Accessories, other
<b>118</b>	Fat/cooking grease, including lard & animal fat		
<b>110</b>	Food, other	<b>241</b>	<b>Furnishings</b> Furniture
		<b>242</b>	Beds, mattresses
	<b>Beverages</b>	<b>243</b>	Clocks
<b>121</b>	Alcoholic beverage	<b>244</b>	Houseware
<b>122</b>	Non-alcoholic beverage	<b>245</b>	Glass, ceramics, china, pottery, stoneware
<b>120</b>	Beverages, other	<b>246</b>	Silverware
	<b>Agriculture</b>	<b>240</b>	Furnishings, other
<b>131</b>	Trees, plants, flowers		
<b>132</b>	Feed, grain, seed	<b>200</b>	Personal & home products, other
<b>133</b>	Hay, straw		
<b>134</b>	Crop, not grain		
<b>135</b>	Livestock		
<b>136</b>	Pets		
<b>137</b>	Pesticides	<b>311</b>	<b>Raw Materials</b> <b>Wood</b> Lumber, sawn wood
<b>138</b>	Fertilizer	<b>312</b>	Timber
<b>130</b>	Agriculture, other	<b>313</b>	Cork
		<b>314</b>	Pulp
<b>100</b>	Foods, beverages, agriculture, other	<b>315</b>	Sawdust, wood chips
		<b>310</b>	Wood, other
	<b>Personal &amp; Home Products</b>		
		<b>321</b>	<b>Fibers</b> Cotton
	<b>Fabrics</b>	<b>322</b>	Wool
<b>211</b>	Curtains, drapes	<b>323</b>	Silk
<b>212</b>	Linens	<b>320</b>	Fibers, other
<b>213</b>	Bedding		
<b>214</b>	Cloth, yarn, dry goods		
<b>210</b>	Fabrics, other		
	<b>Wearable products</b>		
<b>221</b>	Clothes		
<b>222</b>	Footwear		

<b>Animal skins</b>		<b>Solid fuel, coal type</b>	
331	Leather	531	Charcoal
332	Fur	532	Coal
330	Animal skins, other	533	Peat
		534	Coke
	<b>Other raw materials</b>	530	Solid fuel, coal type, other
341	Ore		
342	Rubber	<b>Chemicals, drugs</b>	
343	Plastics	541	Hazardous chemicals
344	Fiberglass	542	Non-hazardous chemicals
345	Salt	543	Cleaning supplies
		544	Pharmaceuticals, drugs
300	Raw materials, other	545	Illegal drugs
		540	Chemicals, drugs, other
	<b>Paper Products, Rope</b>		
	<b>Paper products</b>		<b>Radioactive materials</b>
411	Newspaper, magazines	551	Radioactive materials
412	Books		
413	Greeting Cards	500	Flammables, chemicals, plastics, other
414	Paper – rolled		
415	Cardboard	<b>Construction, Machinery, Metals</b>	
416	Packaged paper products, including stationary		
417	Paper records or reports	<b>Machinery, tools</b>	
410	Paper products, other	611	Industrial Machinery
		612	Machine parts
	<b>Rope, twine, cordage</b>	613	Tools (power & hand tools)
421	Rope, twine, cordage	610	Machinery, tools, other
400	Paper products, rope, other	<b>Construction supplies</b>	
		621	Hardware products
	<b>Flammables, Chemicals, Plastics,</b>	622	Construction & home improvement products
	<b>Flammables, combustible liquids</b>	623	Pipes, fittings
511	Gasoline, diesel fuel	624	Stone-working materials
512	Flammable liquid, not gasoline	625	Lighting
513	Combustible liquid, including heating oil	626	Electrical: parts, supplies, equipment
514	Motor oil	627	Insulation
515	Heavy oils, grease, non-cooking related	628	Abrasives
516	Asphalt	629	Fencing, fence supplies
517	Adhesive, resin, tar	620	Construction supplies, other
510	Flammables, combustible liquids, other		
		<b>Floor and wall coverings</b>	
	<b>Flammable gases</b>	631	Carpets, rugs
521	Natural gas	632	Linoleum, tile
522	LP gas, Butane, Propane	633	Ceramic tile
523	Hydrogen gas	634	Wallpaper
520	Flammable gas, other	635	Paint
		630	Floor & wall coverings, other

<b>Metal products</b>		<b>842</b>	Rail equipment
<b>641</b>	Steel, iron products	<b>840</b>	Rail, other
<b>642</b>	Non-ferrous metal products		
<b>643</b>	Combustible metals products		<b>Non-Motorized Vehicles</b>
<b>640</b>	Metal products, other	<b>851</b>	Bicycles, tricycles, unicycles
		<b>850</b>	Non-Motorized Vehicles, other
<b>600</b>	Construction, machinery, metals, other		<b>Other Products</b>
	<b>Appliances, Electronics, Medical, Laboratory</b>		<b>Containers, packing materials</b>
	<b>Appliances, electronics</b>	<b>911</b>	Bottles, barrels, boxes
<b>711</b>	Appliances	<b>912</b>	Packing material
<b>712</b>	Electronic: parts, supplies, equipment	<b>913</b>	Pallets
<b>713</b>	Electronic media	<b>910</b>	Containers, packing materials, other
<b>714</b>	Photographic equipment, supplies, materials		<b>Previously owned products</b>
<b>710</b>	Appliances, electronics, other	<b>921</b>	Antiques
	<b>Medical, laboratory products</b>	<b>922</b>	Collectibles
<b>721</b>	Dental supply	<b>923</b>	Used merchandise
<b>722</b>	Medical supply	<b>920</b>	Previously owned products, other
<b>723</b>	Optical products		<b>Ordnance, explosives, fireworks</b>
<b>724</b>	Veterinary supplies	<b>931</b>	Guns
<b>725</b>	Laboratory supplies	<b>932</b>	Ammunition
<b>720</b>	Medical, laboratory products, other	<b>933</b>	Explosives
<b>700</b>	Appliances, electronics, medical, lab, other	<b>934</b>	Fireworks
	<b>Vehicles, Vehicle Parts</b>	<b>935</b>	Rockets, missiles
	<b>Motor vehicles</b>	<b>930</b>	Ordnance, explosives, fireworks, other
<b>811</b>	Autos, trucks, buses, recreational vehicles		<b>Recreation, arts (products)</b>
<b>812</b>	Construction vehicles	<b>941</b>	Musical instruments
<b>813</b>	Motor vehicle parts, not including tires	<b>942</b>	Hobby, crafts
<b>814</b>	Tires	<b>943</b>	Art supply/artwork
<b>810</b>	Motor vehicles & parts, other	<b>944</b>	Sporting goods
	<b>Watercraft</b>	<b>945</b>	Camping, hiking, outdoor products
<b>821</b>	Boats, ships	<b>946</b>	Games, toys
<b>820</b>	Watercraft, other	<b>940</b>	Recreation, arts products, other
	<b>Aircraft</b>		<b>Mixed sales products</b>
<b>831</b>	Planes, airplanes	<b>951</b>	Office supplies
<b>832</b>	Helicopters	<b>952</b>	Restaurant supplies, not including food
<b>830</b>	Aircraft, other	<b>950</b>	Mixed sales products, other
	<b>Rail</b>		<b>Discarded material</b>
<b>841</b>	Trains, light rail, rapid transit cars	<b>961</b>	Junk yard materials
		<b>962</b>	Recyclable materials
		<b>963</b>	Trash, not recyclable
		<b>960</b>	Discarded material, other
		<b>000</b>	On site materials, other
		<b>NNN</b>	No on site material
		<b>UUU</b>	On site material undetermined



## D-IGNITION

### D1-AREA OF FIRE ORIGIN

**Area of Fire Origin** Enter the code and descriptor from the following list to indicate the area where the fire started. Every fire has an area of origin. **Required for all fires.**

#### Area of Fire Origin Codes

<b>Means of Egress</b>	
<b>01</b>	Corridor, mall
<b>02</b>	Exterior stairway, ramp, or fire escape
<b>03</b>	Interior stairway or ramp
<b>04</b>	Escalator – exterior, interior
<b>05</b>	Entrance way, lobby
<b>09</b>	Egress/exit, other
<b>Assembly, Sales Areas (Groups of People)</b>	
<b>11</b>	Arena, assembly area w/ fixed seats – 100+ persons
<b>12</b>	Assembly area without fixed seats – 100+ persons
<b>13</b>	Assembly area – less than 100 persons
<b>14</b>	Common room, den, family room, living room, lounge
<b>15</b>	Sales area, showroom (excluded are display windows)
<b>16</b>	Art gallery, exhibit hall, library
<b>17</b>	Swimming pool
<b>10</b>	Assembly or sales area, other
<b>Function Area</b>	
<b>21</b>	Bedroom - < 5 persons; included are jail or prison
<b>22</b>	Bedroom - 5+ persons; included are barracks/dormitories
<b>23</b>	Bar area, beverage service area, cafeteria
<b>24</b>	Cooking area, kitchen
<b>25</b>	Bathroom, checkroom, lavatory, locker room
<b>26</b>	Laundry area, wash house (laundry)
<b>27</b>	Office
<b>28</b>	Personal service area, barber/beauty salon area
<b>20</b>	Function area, other
<b>Technical Processing Areas</b>	
<b>31</b>	Laboratory
<b>32</b>	Dark room, photography area, or printing area
<b>33</b>	Treatment - first aid area, surgery area
<b>34</b>	Surgery area – major operations, operating room
<b>35</b>	Computer room, control room or center
<b>36</b>	Stage area – performance, basketball court, boxing
<b>37</b>	Projection room, spotlight area
<b>38</b>	Processing/manufacturing area, workroom
<b>30</b>	Technical processing areas, other
<b>Storage Areas</b>	
<b>41</b>	Storage room, area, tank, or bin
<b>42</b>	Closet
<b>43</b>	Storage: supplies or tools; dead storage
<b>44</b>	Records storage room, storage vault
<b>45</b>	Shipping/receiving area; loading area, dock or bay
<b>46</b>	Chute/container - trash, rubbish, waste
<b>47</b>	Vehicle storage area; garage, carport
<b>40</b>	Storage area, other
<b>Service Areas</b>	
<b>51</b>	Dumbwaiter or elevator shaft
<b>52</b>	Conduit, pipe, utility, or ventilation shaft
<b>53</b>	Light shaft
<b>54</b>	Chute; laundry or mail, excluding trash chutes
<b>55</b>	Duct: hvac, cable, exhaust, heating,

	or AC	70	Structural area, other
56	Display window		
58	Conveyor		
50	Service facilities, other		
	<b>Service, Equipment Areas</b>		
61	Machinery room or area; elevator machinery room	81	<b>Transportation, Vehicle Areas</b>
62	Heating room or area, water heater area		Operator/passenger area of transportation equip.
63	Switchgear area, transformer vault	82	Cargo/trunk area - all vehicles
64	Incinerator area	83	Engine area, running gear, wheel area
65	Maintenance shop or area, paint shop or area	84	Fuel tank, fuel line
66	Cell, test	85	Separate operator/control area of transportation
67	Enclosure, pressurized air	86	Exterior, exposed surface
60	Equipment or service area, other	80	Vehicle area, other
	<b>Structural Areas</b>		<b>Other Area of Origin</b>
71	Substructure area or space, crawl space	91	Railroad right of way: on or near
72	Exterior balcony, unenclosed porch	92	Highway, parking lot, street: on or near
73	Ceiling & floor assembly, crawl space between stories	93	Courtyard, patio, porch, terrace
74	Attic: vacant, crawl space above top story, cupola	94	Open area – outside; included are farmlands, fields
75	Wall assembly	95	Wildland, woods
76	Wall surface: exterior	96	Construction/renovation area
77	Roof surface: exterior	97	Multiple areas
78	Awning	98	Vacant structural area
		90	Outside area, other
		00	Area of origin, other
		UU	Undetermined area of origin

## D2-HEAT SOURCE

**Heat Source** From the codes that follow, enter the Heat Source code and descriptor that ignited the “Item First Ignited” and caused the fire.  
**Required for all fires.**

### Heat Source Codes

	<b>Operating equipment</b>	40	Hot or smoldering object, other
11	Spark, ember or flame from operating equipment		
12	Radiated, conducted heat from operating equipment		
13	Arcing		
10	Heat from powered equipment, other		
	<b>Hot or Smoldering Object</b>		
41	Heat, spark from friction		
42	Molten, hot material		
43	Hot ember or ash		
			<b>Explosives, Fireworks</b>
		51	Munitions
		53	Blasting agent
		54	Fireworks
		55	Model and amateur rockets
		56	Incendiary device
		50	Explosive, fireworks, other
			<b>Other Open Flame or Smoking Materials</b>
		61	Cigarette

62	Pipe or cigar	74	Other static discharge
63	Heat from undetermined smoking material	70	Chemical, natural heat source, other
64	Match		<b>Heat Spread from Another Fire</b>
65	Cigarette lighter	81	Heat from direct flame, convection currents
66	Candle	82	Radiated heat from another fire
67	Warning or road flare; fusee	83	Flying brand, ember, spark
68	Backfire from internal combustion engine	84	Conducted heat from another fire
69	Flame/torch used for lighting	80	Heat spread from another fire, other
60	Heat from other open flame or smoking materials		<b>Other Heat Sources</b>
	<b>Chemical, Natural Heat Sources</b>	97	Multiple heat sources including multiple ignitions
71	Sunlight	00	Heat source, other
72	Chemical reaction	UU	Undetermined heat source
73	Lightning		

### D3-ITEM FIRST IGNITED

**Item First Ignited** Identify the Item First Ignited from the codes presented below. Enter the code and written description that best describes the item first ignited by the heat source. **Required for all fires.**

**Spread Confined to Object of Origin** Check this box to indicate that the fire spread was confined to the object of origin.

#### Item First Ignited Codes

	<b>Structural Component, Finish</b>	31	Mattress, pillow
11	Exterior roof covering or finish	32	Bedding; blanket, sheet, comforter
12	Exterior wall covering or finish	33	Linen; other than bedding
13	Exterior trim, including doors	34	Wearing apparel not on a person
14	Floor covering or rug/carpet/mat	35	Wearing apparel on a person
15	Interior wall covering excluding drapes, etc.	36	Curtains, blinds, drapery, tapestry
16	Interior ceiling cover or finish	37	Goods not made up, including fabrics & yard goods
17	Structural member or framing	38	Luggage
18	Insulation within structural area	30	Soft goods, wearing apparel, other
10	Structural component or finish, other		<b>Adornment, Recreational Material, Signs</b>
	<b>Furniture, Utensils, including built-in furniture</b>	41	Christmas tree
21	Upholstered sofa, chair, vehicle seats	42	Decoration
22	Non-upholstered chair, bench	43	Sign, including outdoor signs such as billboards
23	Cabinetry (including built-in)	44	Chips, including wood chips
24	Ironing board	45	Toy or game
25	Appliance housing or casing	46	Awning, canopy
26	Household utensils	47	Tarpaulin or tent
20	Furniture, utensils, other	40	Adornment, recreational material, signs, other
	<b>Soft Goods, Wearing Apparel</b>		

<b>Storage Supplies</b>		72	Light vegetation - not crop, including grass
51	Box, carton, bag, basket, barrel	73	Heavy vegetation - not crop, including trees
52	Material being used to make a product	74	Animal living or dead
53	Pallet, skid (empty)	75	Human living or dead
54	Cord, rope, twine	76	Cooking materials, including edible materials
55	Packing, wrapping material	77	Feathers or fur, not on bird or animal
56	Baled goods or material	70	Organic materials, other
57	Bulk storage	<b>General Materials</b>	
58	Palletized material, material stored on pallets.	81	Electrical wire, cable insulation
59	Rolled, wound material (paper, fabric)	82	Transformer, including transformer fluids
50	Storage supplies, other	83	Conveyor belt, drive belt, V-belt
<b>Liquids, Piping, Filters</b>		84	Tire
61	Atomized liquid, vaporized liquid, aerosol.	85	Railroad ties
62	Flammable liquid/gas - in/from engine or burner	86	Fence, pole
63	Flammable liquid/gas - in/from final container	87	Fertilizer
64	Flammable liquid/gas in container or pipe	88	Pyrotechnics, explosives
65	Flammable liquid/gas - uncontained	<b>General Materials Continued</b>	
66	Pipe, duct, conduit or hose	91	Book
67	Pipe, duct, conduit, hose covering	92	Magazine, newspaper, writing paper
68	Filter, including evaporative cooler pads	93	Adhesive
60	Liquids, piping, filters, other	94	Dust, fiber, lint, including sawdust and excelsior
<b>Organic Materials</b>		95	Film, residue, including paint & resin
71	Agricultural crop, including fruits and vegetables	96	Rubbish, trash, or waste
		97	Oily rags
		99	Multiple items first ignited
		00	Other item ignited
		UU	Undetermined item ignited

## D4-TYPE OF MATERIAL FIRST IGNITED

**Type of Material First Ignited** Identify the Type of Material Ignited from the codes presented below and enter the code and written description. **Required if the Item First Ignited code is in a range from 00 to 69.**

### Type of Material Codes

<b>Flammable Gas</b>		<b>Flammable, Combustible Liquid</b>	
11	Natural gas	21	Ether, pentane type flammable liquid
12	LP gas	22	JP-4 jet fuel & methyl ethyl ketone type flammable
13	Anesthetic gas	23	Gasoline
14	Acetylene	24	Turpentine, butyl alcohol type flammable liquid
15	Hydrogen		
10	Flammable gas, other		

<b>25</b>	Kerosene, No.1 and 2 fuel oil, diesel type	<b>50</b>	Natural product, other
<b>26</b>	Cottonseed oil, creosote oil type combustible		<b>Wood or Paper – Processed</b>
<b>27</b>	Cooking oil, transformer or lubricating oil	<b>61</b>	Wood chips, sawdust, shavings
<b>20</b>	Flammable or combustible liquid, other	<b>62</b>	Round timber, including round posts, poles
	<b>Volatile Solid or Chemical</b>	<b>63</b>	Sawn wood, including all finished lumber
<b>31</b>	Fat, grease, butter, margarine, lard	<b>64</b>	Plywood
<b>32</b>	Petroleum jelly and non-food grease	<b>65</b>	Fiberboard, particleboard, and hardboard
<b>33</b>	Polish, paraffin, wax	<b>66</b>	Wood pulp
<b>34</b>	Adhesive, resin, tar, glue, asphalt, pitch	<b>67</b>	Paper, including cellulose, waxed paper
<b>35</b>	Paint, varnish – applied	<b>68</b>	Cardboard
<b>36</b>	Combustible metal, included are magnesium	<b>60</b>	Wood or paper, processed, other
<b>37</b>	Solid chemical, included are explosives		<b>Fabric, Textiles, Fur</b>
<b>38</b>	Radioactive material	<b>71</b>	Fabric, fiber, cotton, blends, rayon, wool
<b>30</b>	Volatile solid or chemical, other	<b>74</b>	Fur, silk, other fabric.
	<b>Plastics</b>	<b>75</b>	Wig
<b>41</b>	Plastic	<b>76</b>	Human hair
	<b>Natural Product</b>	<b>77</b>	Plastic coated fabric
<b>51</b>	Rubber, excluding synthetic rubbers	<b>70</b>	Fabric, textile, fur, other
<b>52</b>	Cork		<b>Material Compounded with Oil</b>
<b>53</b>	Leather	<b>81</b>	Linoleum
<b>54</b>	Hay, straw	<b>82</b>	Oilcloth
<b>55</b>	Grain, natural fiber, (preprocess)	<b>86</b>	Asphalt treated material
<b>56</b>	Coal, coke, briquettes, peat	<b>80</b>	Material compounded with oil, other
<b>57</b>	Food, starch, excluding fat and grease (Code 31)		<b>Other Material</b>
<b>58</b>	Tobacco	<b>99</b>	Multiple types of material first ignited
		<b>00</b>	Other type of material ignited
		<b>UU</b>	Undetermined type of material

## E1-CAUSE OF IGNITION

**Cause of Ignition**      **If this is an exposure report, check the box and skip to Section G.**

Check a box to indicate the Cause of Ignition. **Required for all Fire Reports.**

- 1** Intentional
- 2** Unintentional
- 3** Failure of equipment or heat source
- 4** Act of nature
- 5** Cause under investigation
- 0** Cause, other
- U** Cause undetermined after investigation

## E2-FACTORS CONTRIBUTING TO IGNITION

**Factors Contributing To Ignition** Identify up to two factors that contributed to ignition. Use the codes presented below. For human factors, see Section E3. **Required if the fire cause is not 'Intentional' or 'Under Investigation' unless the "None" box is checked.**

**None** Check this box to indicate that no additional factors contributed to the fire's ignition.

### Factors Contributing to Ignition Codes

<b>Misuse of Material or Product</b>		<b>41</b>	Design deficiency
<b>11</b>	Abandoned or discarded materials or products	<b>42</b>	Construction deficiency
<b>12</b>	Heat source too close to combustibles.	<b>43</b>	Installation deficiency
<b>13</b>	Cutting, welding too close to combustible	<b>44</b>	Manufacturing deficiency
<b>14</b>	Flammable liquid or gas spilled	<b>40</b>	Design/Manufacture/Installation Deficiency, other
<b>15</b>	Improper fueling technique	<b>Operational Deficiency</b>	
<b>16</b>	Flammable liquid used to kindle fire	<b>51</b>	Collision, knock down, run over, turn over
<b>17</b>	Washing part, painting with flammable liquid	<b>52</b>	Accidentally turned on, not turned off
<b>18</b>	Improper container or storage	<b>53</b>	Equipment unattended
<b>19</b>	Playing with heat source	<b>54</b>	Equipment overloaded
<b>10</b>	Misuse of material or product, other	<b>55</b>	Failure to clean
<b>Mechanical Failure, Malfunction</b>		<b>56</b>	Improper startup
<b>21</b>	Automatic control failure	<b>57</b>	Equipment used for not intended purpose
<b>22</b>	Manual control failure	<b>58</b>	Equipment not being operated properly
<b>23</b>	Leak or break	<b>50</b>	Operational deficiency, other
<b>25</b>	Worn out	<b>Natural Condition</b>	
<b>26</b>	Backfire	<b>61</b>	High wind
<b>27</b>	Improper fuel used	<b>62</b>	Storm
<b>20</b>	Mechanical failure, malfunction, other	<b>63</b>	High water including floods
<b>Electrical Failure, Malfunction</b>		<b>64</b>	Earthquake
<b>31</b>	Water caused short-circuit arc	<b>65</b>	Volcanic action
<b>32</b>	Short circuit arc from mechanical damage	<b>66</b>	Animal
<b>33</b>	Short circuit arc from defective, worn insulation	<b>60</b>	Natural condition, other
<b>34</b>	Unspecified short-circuit arc	<b>Fire Spread or Control</b>	
<b>35</b>	Arc from faulty contact, broken conductor	<b>71</b>	Exposure fire
<b>36</b>	Arc, spark from operating equipment	<b>72</b>	Rekindle
<b>37</b>	Fluorescent light ballast	<b>73</b>	Outside/open fire for debris or waste disposal
<b>30</b>	Electrical failure, malfunction, other	<b>74</b>	Outside/open fire for warming or cooking
<b>Design, Manufacturing, Installation Deficiency</b>		<b>75</b>	Agriculture or land management burns
		<b>70</b>	Fire spread or control, other

<b>00</b>	Factor contributing to ignition, other	<b>UU</b>	Undetermined factor contributing to ignition
<b>NN</b>	No factor contributing to ignition		

## E3-HUMAN FACTORS CONTRIBUTING TO IGNITION

**Human Factors Contributing To Ignition** Check as many boxes in this section as are applicable. If no boxes are applicable, then check the “None” box and skip to the next section.

- 1 Asleep
- 2 Possible impaired by alcohol or drugs
- 3 Unattended or unsupervised person
- 4 Possibly mentally disabled
- 5 Physically disabled
- 6 Multiple persons involved
- 7 Age was a factor

**Age was Factor** If age was a factor in contributing to the ignition, enter the age and gender of the person. If the “Age was a factor” block is not checked, leave the remainder of the section blank.

- 1 Male
- 2 Female

## F1-EQUIPMENT INVOLVED IN IGNITION

**Equipment Involved In Ignition** Choose a code and descriptor below that best describe the equipment involved in the ignition. **If no equipment was involved in ignition, check the “None” box and skip to Section G.**

### Equipment Involved In Ignition Codes

	<b>Heating, Ventilating &amp; Air Conditioning</b>	<b>131</b>	Furnace, local heating unit, built-in
		<b>132</b>	Furnace, central heating unit
<b>111</b>	Air conditioner	<b>133</b>	Boiler (power, process, heating)
<b>112</b>	Heat pump	<b>141</b>	Heater, excluding catalytic and oil-filled heaters
<b>113</b>	Fan	<b>142</b>	Heater, catalytic
<b>114</b>	Humidifier	<b>143</b>	Heater, oil filled
<b>115</b>	Ionizer	<b>144</b>	Heat lamp
<b>116</b>	Dehumidifier	<b>145</b>	Heat tape
<b>117</b>	Evaporative cooler, cooling tower.	<b>151</b>	Water heater
<b>121</b>	Fireplace, masonry	<b>152</b>	Steamline, heat pipe, hot air duct
<b>122</b>	Fireplace, factory built	<b>100</b>	Heating, ventilating & air conditioning, other
<b>123</b>	Fireplace, insert/stove		
<b>124</b>	Stove, heating		
<b>125</b>	Chimney connector, vent connector		
<b>126</b>	Chimney - brick, stone, masonry		
<b>127</b>	Chimney - metal, including stovepipe, flue		
<b>120</b>	Fireplace, chimney, other		
			<b>Electrical Distribution, Lighting &amp; Power Transfer</b>
		<b>211</b>	Electrical power (utility) line
		<b>212</b>	Electrical service supply wires from

	utility	314	Power cutting tool
213	Electric meter, meter box	315	Power drill, screwdriver
214	Wiring from meter box to circuit breaker	316	Power sander, grinder, buffer, polisher
215	Panelboard, switchboard, circuit breaker board	317	Power hammer, including jackhammers
216	Electrical branch circuit	318	Power nail gun, stud driver, stapler
217	Outlet, receptacle	310	Power tools, other
218	Wall switch	321	Paint dipper
219	Ground fault interrupter, GFI	322	Paint flow coating machine
210	Electrical wiring, other	323	Paint mixing machine
221	Transformer, distribution type	324	Paint sprayer
222	Overcurrent, disconnect equipment	325	Coating machine, including asphalt-saturating
223	Transformer, low voltage		
224	Generator	320	Painting tools, other
225	Inverter	331	Welding torch.
226	Uninterrupted power supply (UPS)	332	Cutting torch
227	Surge protector	333	Burners
228	Battery charger, rectifier	334	Soldering equipment
229	Battery	341	Air compressor
231	Lamp - tabletop, floor, desk	342	Gas compressor
232	Lantern, flashlight	343	Atomizing equipment
233	Incandescent lighting fixture	344	Pump
234	Fluorescent lighting fixture, ballast	345	Wet/dry vacuum (shop vacuum)
235	Halogen lighting fixture or lamp	346	Hoist, lift
236	Sodium, mercury vapor lighting fixtures or lamps;	347	Powered jacking equipment
237	Work light, trouble light	348	Drilling machinery or equipment
238	Light bulb	340	Hydraulic equipment, other
230	Lamp, lighting, other	351	Heat treating equipment
241	Nightlight	352	Incinerator
242	Decorative lights, line voltage	353	Industrial furnace, kiln
243	Decorative or landscape lighting, low voltage	354	Tarpot, tar kettle
244	Sign	355	Casting, molding, forging equipment
251	Fence, electric	356	Distilling equipment
252	Traffic control device	357	Digester, reactor
253	Lightning rod, arrester/grounding device	358	Extractor, waste recovery machine
261	Power cord, plug - detachable from appliance	361	Conveyor
262	Power cord, plug - permanently attached	362	Power transfer equipment: ropes, cables, blocks
263	Extension cord	363	Power take-off
260	Cord, plug, other	364	Powered valves.
200	Electrical distribution, power transfer, other	365	Bearing or brake
	<b>Shop Tools &amp; Industrial Equipment</b>	371	Picking, carding, weaving machine
311	Power saw	372	Testing equipment
312	Power lathe	373	Gas regulator
313	Power shaper, router, jointer, planer	374	Motor - separate
		375	Internal combustion engine (non-vehicular)
		376	Printing press
		377	Car washing equipment
		300	Shop or industrial equipment, other



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<b>716</b>	Computer projection device, LCD panel	<b>833</b>	Floor buffer, waxer, cleaner
<b>710</b>	Computer device, other	<b>834</b>	Vacuum cleaner
<b>721</b>	Adding machine, calculator	<b>830</b>	Floor care equipment, other
<b>722</b>	Telephone or answering machine	<b>841</b>	Comb, hair brush
<b>723</b>	Cash register	<b>842</b>	Curling iron
<b>724</b>	Copier	<b>843</b>	Electrolysis equipment
<b>725</b>	Fax machine	<b>844</b>	Hair curler warmer
<b>726</b>	Paper shredder	<b>845</b>	Hair dryer
<b>727</b>	Postage, shipping meter equipment	<b>846</b>	Makeup mirror - lighted
<b>728</b>	Typewriter	<b>847</b>	Razor, shaver
<b>720</b>	Office equipment, other	<b>848</b>	Suntan equipment, sunlamp
<b>731</b>	Guitar	<b>849</b>	Toothbrush
<b>732</b>	Piano, organ	<b>851</b>	Baby bottle warmer
<b>733</b>	Musical synthesizer or keyboard	<b>852</b>	Blanket - electric
<b>730</b>	Musical instrument, other	<b>853</b>	Heating pad
<b>741</b>	CD player (audio)	<b>854</b>	Clothes steamer
<b>742</b>	Laser disk player	<b>855</b>	Clothes iron
<b>743</b>	Radio	<b>850</b>	Portable appliance designed to produce heat, other
<b>744</b>	Radio, two way	<b>861</b>	Automatic door opener - not garage
<b>745</b>	Record player, phonograph, turntable	<b>862</b>	Burglar alarm
<b>747</b>	Speakers, audio - separate components	<b>863</b>	Garage door opener
<b>748</b>	Stereo equipment	<b>864</b>	Gas detector
<b>749</b>	Tape recorder or player	<b>865</b>	Intercom
<b>740</b>	Sound recording or receiving equipment, other	<b>866</b>	Smoke or heat detector, fire alarm
<b>751</b>	Cable converter box	<b>868</b>	Thermostat
<b>752</b>	Projector: film, slide, overhead	<b>871</b>	Ashtray
<b>753</b>	Television	<b>872</b>	Charcoal lighter
<b>754</b>	VCR or VCR/TV combination	<b>873</b>	Cigarette lighter, pipe lighter
<b>755</b>	Video game - electronic	<b>874</b>	Fire extinguishing equipment
<b>756</b>	Camcorder, video camera	<b>875</b>	Insect trap
<b>757</b>	Photographic camera and equipment	<b>876</b>	Timer
<b>750</b>	Video equipment, other	<b>881</b>	Model vehicles.
<b>700</b>	Electronic equipment, other	<b>882</b>	Toy, powered
	<b>Personal &amp; Household Equipment</b>	<b>883</b>	Woodburning kit
<b>811</b>	Clothes dryer	<b>891</b>	Clock
<b>812</b>	Trash compactor	<b>892</b>	Gun
<b>813</b>	Washer/dryer combination (within one frame)	<b>893</b>	Jewelry cleaning machine
<b>814</b>	Washing machine - clothes	<b>894</b>	Scissors
<b>821</b>	Hot tub, whirlpool, spa	<b>895</b>	Sewing machine
<b>822</b>	Swimming pool equipment	<b>896</b>	Shoe polisher
<b>831</b>	Broom - electric	<b>897</b>	Sterilizer
<b>832</b>	Carpet cleaning equipment, including rug shampooer	<b>800</b>	Personal or household equipment, other
		<b>000</b>	Other equipment involved in ignition
		<b>NNN</b>	No equipment involved in ignition
		<b>UUU</b>	Equipment involved in ignition undetermined

<b>Brand</b>	Enter the brand name of the equipment involved, if known. This refers to the name that the equipment is most commonly known by. This information can be quite useful nationally for product recalls.
<b>Model</b>	Enter the model number of the equipment involved, if known. This refers to the model name or number assigned to the equipment by the manufacturer.
<b>Serial Number</b>	Enter the serial number of the equipment involved in ignition, if known. This refers to the manufacturer's serial number that is usually stamped on an identification plate.
<b>Year</b>	Enter the model year of the equipment involved, if known.

## F2-EQUIPMENT POWER SOURCE

**Equipment Power Source** Enter the code and written description that best describes the power source of the equipment involved in ignition.

### Equipment Power Source Codes

<b>Electrical</b>		<b>Solid Fuels</b>	
<b>11</b>	Electrical line voltage ( $\geq 50$ volts)	<b>41</b>	Wood, paper
<b>12</b>	Batteries and low voltage ( $< 50$ volts)	<b>42</b>	Coal, charcoal
<b>10</b>	Electrical, other	<b>43</b>	Chemicals
		<b>40</b>	Solid fuel, other
<b>Gas Fuels</b>		<b>Other</b>	
<b>21</b>	Natural gas or other lighter than air gas	<b>51</b>	Compressed air
<b>22</b>	LP gas or other heavier than air gas	<b>52</b>	Steam
<b>20</b>	Gas fuels, other	<b>53</b>	Water
		<b>54</b>	Wind
<b>Liquid Fuels</b>		<b>55</b>	Solar
<b>31</b>	Gasoline	<b>56</b>	Geothermal
<b>32</b>	Alcohol	<b>57</b>	Nuclear
<b>33</b>	Kerosene, diesel, No.1 & 2 fuel oil	<b>58</b>	Fluid/hydraulic power source
<b>34</b>	No.4, 5 & 6 fuel oils		
<b>30</b>	Liquid fuel, other	<b>00</b>	Other power source
		<b>UU</b>	Power source undetermined

## F3-EQUIPMENT PORTABILITY

**Equipment Portability** Check the box that best indicates the portability of the equipment involved in ignition of the fire.

- 1** Portable
- 2** Stationary

## G-FIRE SUPPRESSION FACTORS

### Fire Suppression & Prevention Factors

Use the codes below to identify up to three conditions or factors that constituted a significant contribution to the growth and spread of the fire. Then, enter the code and written description. **If there were no conditions or factors affecting fire suppression, check the “None” box and skip to Section H1.**

### Fire Suppression Factors Codes

	<b>Building Construction or Design Factors</b>	<b>218</b>	Violation of fire, building or life safety code
<b>112</b>	Roof collapse	<b>222</b>	Illegal and clandestine drug operation
<b>113</b>	Roof assembly combustible	<b>232</b>	Intoxication, drugs or alcohol
<b>121</b>	Ceiling collapse	<b>253</b>	Riot or civil disturbance, including hostile acts
<b>125</b>	Holes or openings in walls or ceilings	<b>254</b>	Persons interfered with operations
<b>131</b>	Wall collapse	<b>283</b>	Accelerant used
<b>132</b>	Difficult to ventilate	<b>200</b>	Act or omission, other
<b>134</b>	Combustible interior finish		
<b>137</b>	Balloon construction		
<b>138</b>	Internal arrangement of partitions		<b>On-site materials</b>
<b>139</b>	Internal arrangement of stock or contents	<b>311</b>	Aisles blocked or improper width
<b>141</b>	Floor collapse	<b>312</b>	Significant/unusual fuel load structure components
<b>151</b>	Lack of fire barrier walls or doors	<b>313</b>	Significant/unusual fuel load from contents
<b>153</b>	Transoms	<b>314</b>	Significant/unusual fuel load outside from natural conditions
<b>161</b>	Attic undivided	<b>315</b>	Significant fuel load from man-made condition
<b>166</b>	Insulation combustible	<b>316</b>	Storage, improper
<b>173</b>	Stairwell not enclosed	<b>321</b>	Radiological hazard onsite
<b>174</b>	Elevator shaft	<b>322</b>	Biological hazard onsite
<b>175</b>	Dumbwaiter	<b>323</b>	Cryogenic hazard onsite
<b>176</b>	Ducts: vertical	<b>324</b>	Hazardous chemical, corrosive material, or oxidizer
<b>177</b>	Chute: rubbish, garbage, laundry	<b>325</b>	Flammable/combustible liquid hazard
<b>181</b>	Supports unprotected	<b>327</b>	Explosives hazard present
<b>182</b>	Composite plywood I beam construction	<b>331</b>	Decorations, included are crepe paper, garland
<b>183</b>	Composite roof/floor sheathing construction	<b>341</b>	Natural or other lighter than air gas present
<b>185</b>	Wood truss construction	<b>342</b>	Liquefied Petroleum (LPG) gas present
<b>186</b>	Metal truss construction	<b>361</b>	Combustible storage > 12 feet
<b>187</b>	Fixed burglar protection assemblies (bars, grills and the like)	<b>362</b>	High rack storage
<b>188</b>	Quick release failure of bars on windows or doors	<b>300</b>	Building contents, other
<b>192</b>	Previously damaged by fire		
<b>100</b>	Building construction or design factors, other		
	<b>Act or Omission</b>		
<b>213</b>	Doors left open or outside door unsecured		<b>Delays</b>
<b>214</b>	Fire doors blocked or did not close properly	<b>411</b>	Delayed detection of fire
		<b>412</b>	Delayed reporting of fire

<b>413</b>	Alarm system malfunction	<b>500</b>	Protective equipment factor, other
<b>414</b>	Alarm system shut off for valid reason		<b>Egress/Exit Factors</b>
<b>415</b>	Alarm System inappropriately shut off	<b>611</b>	Occupancy load above legal limit
<b>421</b>	Unable to contact Fire Department	<b>612</b>	Evacuation activity impeded FD access
<b>424</b>	Information incomplete or incorrect	<b>613</b>	Window type impedes egress
<b>425</b>	Communications problem	<b>614</b>	Windowless wall
<b>431</b>	Blocked or obstructed roadway	<b>621</b>	Young occupants
<b>434</b>	Poor or no access for fire department apparatus	<b>622</b>	Elderly occupants
<b>435</b>	Traffic delay	<b>623</b>	Physically disabled occupants
<b>436</b>	Trouble finding location	<b>624</b>	Mentally disabled occupants
<b>437</b>	Size, height, or other building characteristic	<b>625</b>	Physically restrained/confined occupants
<b>438</b>	Power lines down/arcng	<b>626</b>	Medically disabled occupants
<b>443</b>	Poor access for firefighters	<b>641</b>	Special Event
<b>444</b>	Secured area	<b>642</b>	Public Gathering
<b>445</b>	Guard dogs	<b>600</b>	Egress/exit problem, other
<b>446</b>	Aggressive animals, excluding guard dogs		<b>Natural Conditions</b>
<b>447</b>	Delay from evaluation of HazMats at incident scene	<b>711</b>	Drought or low fuel moisture
<b>448</b>	Locked or jammed doors	<b>712</b>	Humidity low
<b>451</b>	Apparatus failure before arrival at incident	<b>713</b>	Humidity high
<b>452</b>	Hydrants inoperative	<b>714</b>	Temperature: low
<b>461</b>	Airspace restriction	<b>715</b>	Temperature: high
<b>462</b>	Military activity	<b>721</b>	Fog
<b>481</b>	Closest apparatus unavailable	<b>722</b>	Flooding
<b>400</b>	Delays, other	<b>723</b>	Ice
	<b>Protective Equipment</b>	<b>724</b>	Rain
<b>510</b>	Automatic fire suppression system problem.	<b>725</b>	Snow
<b>520</b>	Automatic sprinkler, standpipe connection problem	<b>732</b>	Wind, including hurricanes or tornadoes
<b>531</b>	Water supply inadequate: private	<b>741</b>	Earthquake
<b>532</b>	Water supply inadequate: public	<b>760</b>	Unusual vegetation fuel loading
<b>543</b>	Electrical power outage	<b>771</b>	Threatened or endangered species
<b>561</b>	Failure of rated fire protection assembly	<b>772</b>	Timber sale activity
<b>562</b>	Protective equipment negated	<b>773</b>	Fire restriction
		<b>774</b>	Historic disturbance
		<b>775</b>	Urban-Wildland Interface Area
		<b>700</b>	Natural conditions, other
		<b>000</b>	Other fire suppression factor
		<b>NNN</b>	No fire suppression factor

## H1-MOBILE PROPERTY INVOLVED

### Mobile Property Involved

Check one of the three boxes to indicate whether mobile property was involved and, if so, whether the mobile property actually burned or was simply involved in the ignition. Check the "None" box if no mobile property was involved and skip the remainder of this section.

- 1 Not involved in ignition, but burned
- 2 Involved in ignition, but did not itself burn
- 3 Involved in ignition and burned
- N No mobile property involved

## H2-MOBILE PROPERTY TYPE & MAKE

### Mobile Property Type & Make

Choose a code below that best describes the type of mobile property involved and enter it and the written description. Note that the codes are organized into categories for Ground, Rail, Air and Water vehicles. **Required for all fires involving mobile property unless the "Not involved in ignition" box is checked.**

### Mobile Property Type Codes

	<b>Passenger or road transport vehicles</b>	<b>32</b>	Box, freight, or hopper car - rail
		<b>33</b>	Tank car – rail
<b>11</b>	Passenger car.	<b>34</b>	Container or piggyback car - rail
<b>12</b>	Bus, school bus, trackless trolley	<b>35</b>	Engine/locomotive - rail
<b>13</b>	Off-road recreational vehicle	<b>36</b>	Rapid transit car, trolley - self-powered
<b>14</b>	Motor home, camper, bookmobile.	<b>37</b>	Maintenance equipment car
<b>15</b>	Trailer – travel, designed to be towed	<b>30</b>	Rail transport vehicle, other
<b>16</b>	Trailer – camping, collapsible		
<b>17</b>	Mobile home		<b>Water vessels</b>
<b>18</b>	Motorcycle, trail bike	<b>41</b>	Boat: shorter than 65 ft. with power
<b>10</b>	Passenger road vehicle, other	<b>42</b>	Boat, ship, or $\geq 65$ ft but $< 1,000$ tons.
	<b>Freight road vehicles</b>	<b>43</b>	Cruise liner or passenger ship $\geq 1,000$ tons
<b>21</b>	General use truck, dump truck, fire apparatus	<b>44</b>	Tank ship
<b>22</b>	Hauling rig (non-motorized), pickup truck	<b>45</b>	Personal water craft
<b>23</b>	Trailer - semi, designed for freight	<b>46</b>	Cargo or military ship $\geq 1,000$ tons
<b>24</b>	Tank truck – nonflammable cargo	<b>47</b>	Barge, petroleum balloon, towable water vessel
<b>25</b>	Tank truck – flammable or combustible liquid	<b>48</b>	Commercial fishing or processing vessel
<b>26</b>	Tank truck – compressed gas or LP-gas	<b>49</b>	Sailboat
<b>27</b>	Garbage, waste, refuse truck	<b>40</b>	Water transport vessel, other
<b>20</b>	Freight road transport vehicle, other		
	<b>Transport vehicles</b>	<b>51</b>	<b>Aircraft</b>
<b>31</b>	Diner car, passenger car - rail		Personal aircraft less than 12,500 lb. gross wt.

<b>52</b>	Personal aircraft $\geq$ 12,500 lb. gross wt.	<b>65</b>	Agricultural vehicle, baler, chopper (farm use)
<b>53</b>	Commercial transport: propeller driven/fixed wing	<b>67</b>	Timber harvest vehicle
<b>54</b>	Commercial jet: fixed wing	<b>60</b>	Industrial, constr., agricultural vehicle, other
<b>55</b>	Helicopter – nonmilitary		
<b>56</b>	Military fixed wing aircraft		<b>Mobile Property, Miscellaneous</b>
<b>57</b>	Military non fixed wing aircraft	<b>71</b>	Home, garden vehicle
<b>58</b>	Balloon vehicles	<b>73</b>	Shipping container, mechanically moved
<b>50</b>	Air transport vehicle, other	<b>74</b>	Armored vehicle
	<b>Industrial, agricultural, construction vehicles</b>	<b>75</b>	Missile, rocket, space vehicle
<b>61</b>	Construction vehicles	<b>76</b>	Aerial tramway vehicle
<b>63</b>	Loader – industrial, fork lift, tow motor, stacker	<b>00</b>	Mobile property, other
<b>64</b>	Crane	<b>NN</b>	No mobile property

**Make** Choose a code from the list below that describes the make of the mobile property involved and write the description in the blank. If the make is not found, enter 00 and write the name in the blank.

#### Mobile Property Make Codes

<b>AC</b>	Acura	<b>HO</b>	Honda
<b>AM</b>	Aston Martin	<b>HU</b>	Husqverna
<b>AR</b>	Alfa Romeo	<b>HY</b>	Hyundai
<b>AT</b>	ATK	<b>IF</b>	Infiniti
<b>AU</b>	Audi	<b>IN</b>	International
<b>AV</b>	Antique Vehicle	<b>IS</b>	Isuzu
<b>BE</b>	Beta	<b>IT</b>	Italjet
<b>BL</b>	Buell	<b>IV</b>	Iveco
<b>BM</b>	BMW	<b>JA</b>	Jaguar
<b>BU</b>	Buick	<b>JE</b>	Jeep
<b>CC</b>	Crane Carrier (CCC)	<b>KA</b>	Kawasaki
<b>CD</b>	Cadillac	<b>KE</b>	Kenworth
<b>CH</b>	Chevrolet	<b>KI</b>	Kia
<b>CP</b>	Caterpillar	<b>KT</b>	KTM
<b>CR</b>	Chrysler	<b>LE</b>	Lexus
<b>CV</b>	Classic Vehicle	<b>LI</b>	Lincoln
<b>DA</b>	Daihatsu	<b>LO</b>	Lotus
<b>DO</b>	Dodge	<b>LR</b>	Land Rover
<b>DR</b>	Diamond Reo	<b>MA</b>	Maico
<b>DU</b>	Ducati	<b>MB</b>	Mercedes Benz
<b>EA</b>	Eagle	<b>MC</b>	Mercury
<b>FE</b>	Ferrari	<b>MG</b>	Moto Guzzi
<b>FO</b>	Ford	<b>MH</b>	Marmon
<b>FR</b>	Freightliner	<b>MK</b>	Mack
<b>FW</b>	FWD	<b>ML</b>	Maely
<b>GE</b>	Geo	<b>MM</b>	Moto Morini
<b>GM</b>	GMC (General Motors)	<b>MO</b>	Montesa
<b>HD</b>	Harley Davidson	<b>MR</b>	Merkur
<b>HI</b>	Hino	<b>MS</b>	Maserati

<b>MT</b>	Mitsubishi	<b>ST</b>	Sterling
<b>MZ</b>	Mazda	<b>SU</b>	Subaru
<b>NA</b>	Navistar	<b>SZ</b>	Suzuki
<b>NI</b>	Nissan	<b>TO</b>	Toyota
<b>OL</b>	Oldsmobile	<b>TR</b>	Triumph
<b>OS</b>	Oshkosh	<b>UD</b>	UD
<b>PI</b>	Pierce	<b>UT</b>	Utilmaster
<b>PL</b>	Plymouth	<b>VE</b>	Vespa
<b>PN</b>	Pontiac	<b>VG</b>	Volvo GMC
<b>PR</b>	Porsche	<b>VL</b>	Volvo
<b>PT</b>	Peterbilt	<b>VO</b>	Volkswagen
<b>PU</b>	Peugeot	<b>WG</b>	White GMC
<b>RG</b>	Rogue (Ottawa)	<b>WK</b>	Walker
<b>RN</b>	Range Rover	<b>WL</b>	Walter
<b>RR</b>	Rolls Royce	<b>WS</b>	Western Star
<b>SA</b>	Saturn	<b>YA</b>	Yamaha
<b>SB</b>	Saab	<b>YU</b>	Yugo
<b>SC</b>	Scania	<b>OO</b>	Other Make
<b>SD</b>	Simon Duplex		

**Mobile Property Model** This refers to the manufacturer's model name. If one does not exist, use the common physical description of the property, such as "four-door sedan."

**Year** Enter the year the mobile property was manufactured, if known.

**License Plate** Enter the license plate number, if any, of the mobile property involved that is identified in this Section.

**State** Enter the two-letter abbreviation of the state or territory identified on the license plate or registration of the mobile property identified in this Section. Refer to the Appendix for a list of State and U. S. Territory abbreviations.

**VIN Number** VIN refers to the manufacturer's Vehicle Identification Number that is generally stamped on an identification plate on the mobile property. Enter it in the blank if it can be found.

#### LOCAL USE BLOCK

Use this section to indicate if other reports exist associated with this incident that are not NFIRS based. Paper forms only. **Local option.**



## STRUCTURE FIRE MODULE (NFIRS-3)

Sections I through M are required only for Building Fires (Incident Types 111, 112, 120-123).

### I1-STRUCTURE TYPE

**Structure Type** Check the box that best indicates the type of structure involved in the fire. **Required for all Structure Fires.**

- 1 Enclosed building
- 2 Portable/mobile structure
- 3 Open structure
- 4 Air supported structure
- 5 Tent
- 6 Open platform (e.g. piers)
- 7 Underground structure (work areas)
- 8 Connective structure (e.g. fences)
- 0 Other type of structure

### I2-BUILDING STATUS

**Building Status** Check a box best indicating the status of the structure. **Required for all Building Fires.**

- 1 Under construction
- 2 Occupied and operating
- 3 Idle, not routinely used
- 4 Under major renovation
- 5 Vacant and secured
- 6 Vacant and unsecured
- 7 Being demolished
- 0 Other building status
- U Building status undetermined

### I3-BUILDING HEIGHT

**Number of Stories at or Above Grade** Complete the entry in the blank provided to indicate the number of stories at or above grade level. Count the roof as part of the highest story. **Required for all Building Fires.**

**Number of Stories Below Grade** Complete the entry in the blank provided to indicate the number of stories below grade level. **Required for all Building Fires.**

### I4-MAIN FLOOR SIZE

**Main Floor Size** Enter the size of the main floor of the building involved either by indicating the total square feet in the first blank or by entering the length and width in feet in the second blank. **Required for all Building Fires.**

**J1-FIRE ORIGIN**

**Fire Origin** Indicate the story of the origin of the fire. This number is assumed to be at or above grade UNLESS the “Below Grade” box is checked. Count the ground floor as story 1. In the case of most residential basements, you would enter 1 for story of origin and then check the box to indicate Below Grade. **Required for all Building Fires.**

**J2-FIRE SPREAD**

**Fire Spread** Check only one box to indicate the spread of the fire. Choose the **highest** number code that applies. **Required for all Building Fires unless the box in D3 on the Fire Module (NFIRS-2) was checked indicating that the fire was confined to the object or origin.**

- 1 Confined to object of origin (found in Fire Module)
- 2 Confined to room of origin
- 3 Confined to floor of origin
- 4 Confined to building of origin
- 5 Beyond building of origin

**J3-NUMBER OF STORIES DAMAGED BY FLAME**

**Number of Stories Damaged By Flame** For each of the four items, enter the number of stories that suffered *flame* damage in the percentage range specified. If the roof was the only part of the structure that burned, count it as part of the top story.

**K-MATERIAL CONTRIBUTING MOST TO FLAME SPREAD**

**Material Contributing Most To Flame Spread** Identify the Material Contributing Most to Flame Spread and indicate the material and the type of material in the two blanks provided. If there was no flame spread, or the material is the same as the material first ignited (Fire Module-D3), or if unable to determine, check the box and skip to Section L.

**K1-ITEM CONTRIBUTING**

**Item Contributing** Use the codes from Item First Ignited, Fire Module, Section D3. **Do Not use Code 99 – Multiple Items First Ignited.**

**K2-TYPE OF MATERIAL**

**Type of Material** Use the codes from Type of Material First Ignited, Fire Module, Section D4. **Required if “item contributing most to flame spread” code is less than 70. Do NOT use Code 99 – Multiple Type of Materials.**

## L1-PRESENCE OF DETECTORS

### Presence of Detectors

Check a box to indicate the presence or absence of detectors. If you check "None Present," then skip to Section M1. If you check "Present," then complete the remainder of Section L. **Required for all Building Fires.**

- 1** Present
- N** Not present
- U** Unable to determine presence of detector

## L2-DETECTOR TYPE

### Detector Type

Check the box that best indicates the type of detector present in the area of fire origin.

- 1** Smoke
- 2** Heat
- 3** Combination smoke – heat
- 4** Sprinkler, water flow detection
- 5** More than one type present
- 0** Other detector type
- U** Detector type undetermined

## L3-DETECTOR POWER SUPPLY

### Detector Power Supply

Check the box best indicating the type of power supply used by the detector.

- 1** Battery only
- 2** Hardwire only
- 3** Plug in
- 4** Hardwire with battery
- 5** Plug in with battery
- 6** Mechanical
- 7** Multiple detectors and power supplies
- 0** Other detector power supply
- U** Undetermined detector power supply

## L4-DETECTOR OPERATION

### Detector Operation

Check the box best describing the operation of the detector. This field is to be used only if the fire was within the designated range of the detector.

- 1** Fire too small to activate
- 2** Operated
- 3** Failed to operate
- U** Detector operation undetermined

**L5-DETECTOR EFFECTIVENESS****Detector Effectiveness**

If you checked "Operated" for Detector Operation, then check a box here to indicate effectiveness. Then skip the rest of this Section L6. **Used whenever Detector Operation (L4) is "Detector Operated."**

- 1 Alerted occupants, occupants responded
- 2 Occupants failed to respond
- 3 There were no occupants
- 4 Failed to alert occupants
- U Detector effectiveness undetermined

**L6-DETECTOR FAILURE REASON****Detector Failure Reason**

If you checked "Failed to operate" under Detector Operation, then check a reason for failure. **Used whenever Detector Operation (L4) is "Detector failed to operate."**

- 1 Power failure, shutoff or disconnect
- 2 Improper installation or placement
- 3 Defective
- 4 Lack of maintenance, includes cleaning
- 5 Battery missing or disconnected
- 6 Battery discharged or dead
- 0 Other reason for detector failure
- U Undetermined reason for detector failure

**MI-PRESENCE OF AUTOMATIC EXTINGUISHMENT SYSTEM****Presence of Automatic Extinguishment System**

Check a box to indicate the presence or absence of an automatic extinguishment system. If you check "Present," complete the remainder of Section M. If you check "None Present," skip all remaining sections of the Structure Module. **Required for all structure fires.**

- 1 System present
- N None present

**M2-TYPE OF AUTOMATIC EXTINGUISHMENT SYSTEM****Type of Automatic Extinguishment System (AES)**

Check a box only if the fire was within the designed range of the AES.

- 1 Wet pipe sprinkler
- 2 Dry pipe sprinkler
- 3 Other sprinkler system
- 4 Dry chemical system
- 5 Foam system
- 6 Halogen type system
- 7 Carbon dioxide (CO<sub>2</sub>) system
- 0 Other special hazard system
- U Type of automatic extinguishment system undetermined

### M3-AUTOMATIC EXTINGUISHMENT SYSTEM OPERATION

<b>Automatic Extinguishment System Operation</b>	Check a box only if the fire was within the designated range of the AES.
<b>1</b>	Operated and effective (go to M4)
<b>2</b>	Operated and not effective (M4)
<b>3</b>	Fire too small to activate
<b>4</b>	Failed to operate (go to M5)
<b>0</b>	Other automatic extinguishment system operation
<b>U</b>	Automatic extinguishment system operation undetermined

### M4-NUMBER OF SPRINKLER HEADS OPERATING

<b>Number of Sprinkler Heads Operating</b>	Fill in the total number of sprinkler heads that operated during the fire. This field is used if the sprinkler system activated.
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### M5-AUTOMATIC EXTINGUISHMENT SYSTEM FAILURE REASON

<b>Automatic Extinguishment System Failure Reason</b>	Check a box that describes why the automatic extinguishment system failed to operate or did not operate properly. This field is used if the system failed to operate effectively.
<b>1</b>	System shut off
<b>2</b>	Not enough agent discharged
<b>3</b>	Agent discharged but did not reach fire
<b>4</b>	Inappropriate system for the type of fire
<b>5</b>	Fire not in area protected by system
<b>6</b>	System components damaged
<b>7</b>	Lack of maintenance, including corrosion or heads painted
<b>8</b>	Manual intervention defeated system
<b>0</b>	Other reason for automatic extinguishment system failure
<b>U</b>	Reason for automatic extinguishment system failure undetermined

## CIVILIAN FIRE CASUALTY MODULE (NFIRS-4)

The Civilian Fire Casualty Module is used to report injuries or fatalities to persons other than fire fighters that occur as a result of a fire.

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for each civilian fire casualty.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See the Appendix for a list. <b>Required for each civilian fire casualty.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for each civilian fire casualty.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for each civilian fire casualty.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for each civilian fire casualty.</b>
<b>Delete</b>	Check this box to indicate that all data for this civilian fire casualty is to be deleted from the database. If you check this box, complete Section A and the casualty number assigned to this person (Section C) and leave the rest of the report blank. <b>Required only when deleting the entire casualty record from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate that data for this civilian fire casualty has been previously submitted and you now want to update or change the information in the database. If you check this box, complete Section A, the casualty number assigned to this person (Section C), and the data elements that are to be updated or changed for this module. <b>Required only when updating a civilian fire casualty report. Section A must always be completed for a change transaction.</b>

### B-INJURED PERSON

<b>Injured Person Gender</b>	Check a box to indicate the gender of the injured person. <b>Required.</b>
	1    Male
	2    Female

**Injured Person Name** Enter the first name, middle initial, last name and, as applicable, suffix (for example, JR, SR, III) of the injured person.

## **C-CASUALTY NUMBER**

**Casualty Number** Enter a sequence number for each civilian casualty, beginning at 001 for the first civilian casualty you record for this incident. **Required.**

## **D-AGE OR DATE OF BIRTH**

**Age or Date of Birth** Enter **either** the date of birth of the injured person **or** the age of the injured person. If you enter Age instead of Date of Birth, the units are assumed to be years **unless** you check months. Record the age in months only for infants (under one year). **Required.**

## **E1-RACE**

**Race** Check one box to indicate the race of the injured person. If the race is not known, check undetermined.

- 1** White
- 2** Black
- 3** American Indian, Eskimo, or Aleut
- 4** Asian
- 0** Other, includes multi-racial
- U** Race undetermined

## **E2-ETHNICITY**

**Ethnicity** Check the appropriate box. If the ethnicity cannot be determined or is not listed, leave this element blank.

- 1** Hispanic
- 0** Other

## **F-AFFILIATION**

**Affiliation** Check one box to indicate the affiliation of the injured person.

- 1** Civilian
- 2** EMS: not fire department
- 3** Police
- 0** Other

## **G-DATE & TIME OF INJURY**

**Date of Injury** Enter the month, day, and four- character year when the injury occurred.

**Time of Injury** Enter the time when the injury occurred using the 24-hour clock, i.e., 0000-2359. This could be before or after the alarm time shown on the Basic Module.

## H-SEVERITY

**Severity** Check the box to best indicate the severity of the injury. **Required.**

- 1 Minor
- 2 Moderate
- 3 Severe
- 4 Life threatening
- 5 Death
- U Severity undetermined

## I-CAUSE OF INJURY

**Cause of Injury** Check one box that best indicates the main cause of injury.

- 1 Exposed to fire products, including flame, heat, smoke or gas
- 2 Exposed to hazardous materials or toxic fumes
- 3 Jumped in escape attempt
- 4 Fell, slipped or tripped
- 5 Caught or trapped
- 6 Structural collapse
- 7 Struck by or contact with object
- 8 Overexertion
- 9 Multiple causes
- 0 Other cause of injury
- U Cause of injury undetermined

## J-HUMAN FACTORS CONTRIBUTING TO INJURY

**Human Factors Contributing to Injury** Check all applicable boxes that describe the human factors that contributed to this person's injury.

- 1 Asleep
- 2 Unconscious
- 3 Possibly impaired by alcohol
- 4 Possibly impaired by other drug
- 5 Possibly mentally disabled
- 6 Physically disabled
- 7 Physically restrained
- 8 Unattended or unsupervised person
- N No human factors contributing to injury



## K-FACTORS CONTRIBUTING TO INJURY

**Factors Contributing to Injury** Enter a code and description for up to three factors contributing to the injury. List them in order of importance if possible. If there were no factors, check the “None” box.

### Factors Contributing to Injury Codes

<b>Egress problem</b>		<b>35</b>	Clothing caught fire while escaping
<b>11</b>	Crowd situation, limited exits	<b>30</b>	Escape, other
<b>12</b>	Mechanical obstacles to exit		
<b>13</b>	Locked exit or other problem with exit		<b>Collapse</b>
<b>14</b>	Problem with quick release burglar or security bar	<b>41</b>	Roof collapse
<b>15</b>	Burglar or security bar, intrusion barrier	<b>42</b>	Wall collapse
<b>16</b>	Window type impeded egress	<b>43</b>	Floor collapse
<b>10</b>	Egress problem, other	<b>40</b>	Collapse, other
<b>Fire Pattern</b>			
<b>21</b>	Exits blocked by flame		<b>Vehicle-Related Factors</b>
<b>22</b>	Exits blocked by smoke	<b>51</b>	Trapped in/by vehicle
<b>23</b>	Vision blocked or impaired by smoke	<b>52</b>	Vehicle collision, roll-over
<b>24</b>	Trapped above fire	<b>50</b>	Vehicle-related, other
<b>25</b>	Trapped below fire		
<b>20</b>	Fire pattern, other		<b>Equipment Related Factors</b>
<b>Escape</b>		<b>61</b>	Unvented heating equipment
<b>31</b>	Unfamiliar with exits	<b>62</b>	Improper use of heating equipment
<b>32</b>	Excessive travel distance to nearest clear exit	<b>63</b>	Improper use of cooking equipment
<b>33</b>	Chose inappropriate exit route	<b>60</b>	Equipment related factors, other
<b>34</b>	Re-entered building		
			<b>Other</b>
		<b>91</b>	Clothing burned, not while escaping
		<b>92</b>	Overexertion
		<b>00</b>	Other factor contributing to injury
		<b>NN</b>	No factor contributing to injury

## L-ACTIVITY WHEN INJURED

**Activity When Injured** Check the box that best describes the activity of the casualty when injured.

- 1** Escaping
- 2** Rescue attempt
- 3** Fire control
- 4** Return to vicinity of fire before control
- 5** Return to vicinity of fire after control
- 6** Sleeping
- 7** Unable to act
- 8** Irrational act
- 0** Other activity when injured
- U** Activity when injured undetermined

## M1-LOCATION AT TIME OF INCIDENT

**Location At Time of Incident** Check the box that best describes the location of the casualty with relation to the area of fire origin and whether the casualty was involved with the ignition at the time the fire started.

- 1 In area of origin and not involved
- 2 Not in area of origin & not involved
- 3 Not in area of origin, but involved
- 4 In area of origin and involved
- 0 Other location
- U Undetermined location at time of incident

## M2-GENERAL LOCATION AT TIME OF INJURY

**General Location at Time Of Injury** Check the box that best describes the casualty's general location at the time of injury. If Code "1" is checked, skip to Section N. If Code "2" is checked, complete Sections M3, M4, and M5. If Code "3" is checked, skip to Section M5. If undetermined, leave blank and skip to N.

- 1 In area of fire origin
- 2 In building but not in area
- 3 Outside, but not in area

## M3-STORY AT START OF INCIDENT

**Story at Start of Incident** If the injury occurred inside a structure, enter the story where the casualty was located at the start of the incident. If the story is below grade, check the "Below Grade" box to the right of the entry.

## M4-STORY WHERE INJURY OCCURRED

**Story Where Injury Occurred** If the injury occurred in a structure, enter the story where the injury occurred. If the story is below grade, check the "Below Grade" box to the right of the entry.

## M5-SPECIFIC LOCATION AT TIME OF INJURY

**Specific Location at Time of Injury** If the injury **did not** occur in the area of fire origin, enter a code for the specific location or area where the person was when they were injured.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>AREA OF FIRE ORIGIN- D1</b> in the Fire Module. Please see the codes listed for that data element.
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## N-PRIMARY APPARENT SYMPTOM

### Primary Apparent Symptom

Check the appropriate box that best describes the casualty's most serious apparent injury. If the symptom is not listed, enter a written description and the appropriate code.

- 01** Smoke only, asphyxiation
- 11** Burns & smoke inhalation
- 12** Burns only
- 21** Cut, laceration
- 33** Strain or sprain
- 96** Shock
- 98** Pain only

### Primary Apparent Symptom Codes

<b>01</b>	Smoke inhalation	<b>56</b>	Paralysis
<b>02</b>	Hazardous fumes inhalation	<b>57</b>	Frostbite
<b>03</b>	Breathing difficulty or shortness of breath	<b>50</b>	Sickness, other
<b>11</b>	Burns and smoke inhalation	<b>61</b>	Miscarriage
<b>12</b>	Burns only: thermal	<b>63</b>	Eye trauma, avulsion
<b>13</b>	Burn: scald	<b>64</b>	Drowning
<b>14</b>	Burn: chemical	<b>65</b>	Foreign body obstruction
<b>15</b>	Burn: electric	<b>66</b>	Electric shock
<b>21</b>	Cut or laceration	<b>67</b>	Poison
<b>22</b>	Stab wound/puncture wound: penetrating	<b>71</b>	Convulsion or seizure
<b>23</b>	Gunshot wound; projectile wound	<b>72</b>	Internal trauma
<b>24</b>	Contusion/bruise: minor trauma	<b>73</b>	Hemorrhaging, bleeding internally
<b>25</b>	Abrasion	<b>81</b>	Disorientation
<b>31</b>	Dislocation	<b>82</b>	Dizziness/fainting/weakness
<b>32</b>	Fracture	<b>83</b>	Exhaustion/fatigue, including heat exhaustion
<b>33</b>	Strain or sprain	<b>84</b>	Heat stroke
<b>34</b>	Swelling	<b>85</b>	Dehydration
<b>35</b>	Crushing	<b>91</b>	Allergic reaction, including anaphylactic shock
<b>36</b>	Amputation	<b>92</b>	Drug overdose
<b>41</b>	Cardiac symptoms	<b>93</b>	Alcohol impairment
<b>42</b>	Cardiac arrest	<b>94</b>	Emotional/psychological stress
<b>43</b>	Stroke	<b>95</b>	Mental disorder
<b>44</b>	Respiratory arrest	<b>96</b>	Shock
<b>51</b>	Chills	<b>97</b>	Unconscious
<b>52</b>	Fever	<b>98</b>	Pain only
<b>53</b>	Nausea	<b>00</b>	Other symptom
<b>54</b>	Vomiting	<b>NN</b>	No symptom
<b>55</b>	Numbness or tingling, paresthesia	<b>UU</b>	Symptom undetermined

**O-PRIMARY AREA OF BODY INJURED****Primary Area of  
Body Injured**

Check the appropriate box that best describes the part of the body that was most seriously injured. It should be the same part of the body affected by the primary apparent symptom.

- 1 Head
- 2 Neck & shoulder
- 3 Thorax, includes chest and back, excludes spine
- 4 Abdomen
- 5 Spine
- 6 Upper extremities
- 7 Lower extremities
- 8 Internal
- 9 Multiple body parts

**P-DISPOSITION****Disposition**

Check the box if the casualty was transported to an emergency care facility by the fire department or other emergency medical service provider.

- 1 Transported to emergency care facility.

## FIRE SERVICE CASUALTY MODULE (NFIRS-5)

Fire Service Casualty Module is used to report injuries or fatalities to fire fighters that occur as a result of an incident.

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate that a fire fighter casualty report has been previously submitted and you now want to delete all data associated with that casualty record from the database. If you check this box, complete Section A, the casualty number assigned to this person (Section C) and leave the rest of the report blank. <b>Required only when deleting all information associated with a fire service casualty from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate a fire fighter casualty report has been previously submitted and you now want to update or change the information in the database for that fire fighter casualty. If you check this box, complete Section A, the casualty number assigned to the person (Section C) and the data elements that are to be updated or changed for this module. <b>Required only when updating a fire fighter casualty report. Section A must always be completed for a change transaction.</b>

**B-INJURED PERSON**

- Injured Person** Enter the full name of the injured person. Names should be clearly printed or typed.
- Identification Number** In the spaces provided, enter the casualty's identification number. It is often the individual's social security number.
- Gender** Check one box to indicate the gender of the injured person. **Required.**
- 1 Male
  - 2 Female
- Affiliation** Check one box to indicate the affiliation of the fire service casualty at the time of injury.
- 1 Career
  - 2 Volunteer

**C-CASUALTY NUMBER**

- Casualty Number** Enter the casualty number assigned to this casualty. The first fire service casualty for each incident is always 001, the second casualty is 002, etc. **Required.**

**D-AGE OR DATE OF BIRTH**

- Age** Enter the firefighter's age. **Age or Date of Birth is Required.**
- Date of Birth** Enter the date of birth including the month, day, and year. The year should be in 4-digit format.

**E-DATE & TIME OF INJURY**

- Date of Injury** Enter the month, day, and four-digit year when the injury occurred. **Required.**
- Time of Injury** Enter the time when the injury occurred using the 24-hour clock, i.e., 0000-2359. **Required.**

**F-RESPONSES**

- Responses** Enter the number of incidents responded to by the firefighter in the immediate 24 hour period prior to the time of injury. Do not count the incident at which the injury occurred.

## G1-USUAL ASSIGNMENT

**Usual Assignment** Check one box to indicate the **usual** duty assignment of the injured firefighter.

- 1 Suppression
- 2 EMS
- 3 Prevention
- 4 Training
- 5 Maintenance
- 6 Communications
- 7 Administration
- 8 Fire Investigation
- 0 Other assignment

## G2-PHYSICAL CONDITION JUST PRIOR TO INJURY

**Physical Condition Just Prior To Injury** Check one box to indicate the injured person's physical condition just prior to the injury. **Required.**

- 1 Rested
- 2 Fatigued
- 4 Ill or injured
- 0 Other physical condition just prior to injury
- U Undetermined physical condition just prior to injury

## G3-SEVERITY

**Severity** Check one box to indicate the severity of the injury.

- 1 Report only, including exposure
- 2 First aid only
- 3 Treated by physician, not a lost-time injury
- 4 Lost time injury, moderate severity
- 5 Lost time injury, severe
- 6 Lost time injury, life threatening
- 7 Death

## G4-TAKEN TO

**Taken To** Check the box that best describes where the fire service casualty was taken regardless of who transported the firefighter or whether the firefighter was transported.

- 1 Hospital
- 4 Doctor's office
- 5 Morgue/funeral home
- 6 Residence
- 7 Station or quarters
- 0 Other
- N Not transported

## G5-ACTIVITY AT TIME OF INJURY

**Activity At Time of Injury** Enter the code and written description of the activity of the casualty when injured.

### Activity at Time of Injury Codes

<b>Driving or Riding Vehicle</b>		<b>54</b>	Climbing ladder
<b>11</b>	Boarding fire department vehicle	<b>55</b>	Scaling
<b>12</b>	Driving fire department vehicle	<b>56</b>	Escaping fire/hazard
<b>13</b>	Tillering fire department vehicle	<b>57</b>	Moving/lifting patient with carrying device
<b>14</b>	Riding fire department vehicle	<b>58</b>	Lifting/carrying patient without carrying device
<b>15</b>	Getting off fire department vehicle	<b>50</b>	Access/egress, other
<b>16</b>	Driving/riding non-fire department vehicle		
<b>17</b>	Getting off non-fire department vehicle		
<b>10</b>	Driving or riding vehicle, other		
<b>Fire Department Apparatus</b>		<b>EMS / Rescue</b>	
<b>21</b>	Operating engine or pumper	<b>61</b>	Searching for victim
<b>22</b>	Operating aerial ladder or platform	<b>62</b>	Rescuing fire victim
<b>23</b>	Operating EMS vehicle	<b>63</b>	Rescuing non-fire victim
<b>24</b>	Operating HazMat vehicle	<b>64</b>	Water rescue
<b>25</b>	Operating rescue vehicle	<b>65</b>	Providing EMS care
<b>20</b>	Operating fire department apparatus, other	<b>66</b>	Diving operations
		<b>67</b>	Extraction with power tools
		<b>68</b>	Extraction with hand tools
		<b>60</b>	EMS/rescue, other
<b>Extinguishing Fire or Neutralizing Incident</b>			
<b>31</b>	Handling charged hose lines	<b>Other Incident Scene Activity</b>	
<b>32</b>	Using hand extinguishers	<b>71</b>	Directing traffic
<b>33</b>	Operating master steam device	<b>72</b>	Catching hydrant
<b>34</b>	Using hand tools in extinguishment activity	<b>73</b>	Laying hose
<b>35</b>	Removing power lines	<b>74</b>	Moving tools or equipment around scene
<b>36</b>	Removing flammable liquids/chemicals	<b>75</b>	Picking up tools, equipment, or hose on scene
<b>37</b>	Shutting off utilities, gas lines, etc.	<b>76</b>	Setting up lighting
<b>30</b>	Extinguishing fire/neutralizing incident, other	<b>77</b>	Operating portable pump
		<b>70</b>	Other incident scene activity, other
<b>Suppression Support</b>			
<b>41</b>	Forcible entry	<b>Station Activity</b>	
<b>42</b>	Ventilation with power tools	<b>81</b>	Moving about station, alarm sounding
<b>43</b>	Ventilation with hand tools	<b>82</b>	Moving about station, normal activity
<b>44</b>	Salvage	<b>83</b>	Station maintenance
<b>45</b>	Overhaul	<b>84</b>	Vehicle maintenance
<b>40</b>	Suppression support, other	<b>85</b>	Equipment maintenance
		<b>86</b>	Physical fitness activity, supervised
		<b>87</b>	Physical fitness activity, unsupervised
		<b>88</b>	Training activity or drill
		<b>80</b>	Station activity, other
<b>Access Or Egress</b>			
<b>51</b>	Carrying ground ladder	<b>Other Activity</b>	
<b>52</b>	Raising ground ladder	<b>91</b>	Incident investigation, during incident
<b>53</b>	Lowering ground ladder	<b>92</b>	Incident investigation, after incident
		<b>93</b>	Inspection activity



**94** Administrative work  
**95** Communications work

**00** Other activity at time of injury  
**UU** Undetermined activity at time of injury

## H1-PRIMARY APPARENT SYMPTOM

**Primary Apparent Symptom** Enter the code and written description of the casualty's most serious apparent injury.

### Primary Apparent Symptom Codes

<b>01</b> Smoke inhalation	<b>57</b> Frostbite
<b>02</b> Hazardous fumes inhalation	<b>50</b> Sickness, other
<b>03</b> Breathing difficulty or shortness of breath	<b>61</b> Miscarriage
<b>11</b> Burns and smoke inhalation	<b>63</b> Eye trauma, avulsion
<b>12</b> Burns only: thermal	<b>64</b> Drowning
<b>13</b> Burn: scald	<b>65</b> Foreign body obstruction
<b>14</b> Burn: chemical	<b>66</b> Electric shock
<b>15</b> Burn: electric	<b>67</b> Poison
<b>21</b> Cut or laceration	<b>71</b> Convulsion or seizure
<b>22</b> Stab wound/puncture wound: penetrating	<b>72</b> Internal trauma
<b>23</b> Gunshot wound; projectile wound	<b>73</b> Hemorrhaging, bleeding internally
<b>24</b> Contusion/bruise: minor trauma	<b>81</b> Disorientation
<b>25</b> Abrasion	<b>82</b> Dizziness/fainting/weakness
<b>31</b> Dislocation	<b>83</b> Exhaustion/fatigue, including heat exhaustion
<b>32</b> Fracture	<b>84</b> Heat stroke
<b>33</b> Strain or sprain	<b>85</b> Dehydration
<b>34</b> Swelling	<b>91</b> Allergic reaction, including anaphylactic shock
<b>35</b> Crushing	<b>92</b> Drug overdose
<b>36</b> Amputation	<b>93</b> Alcohol impairment
<b>41</b> Cardiac symptoms	<b>94</b> Emotional/psychological stress
<b>42</b> Cardiac arrest	<b>95</b> Mental disorder
<b>43</b> Stroke	<b>96</b> Shock
<b>44</b> Respiratory arrest	<b>97</b> Unconscious
<b>51</b> Chills	<b>98</b> Pain only
<b>52</b> Fever	<b>00</b> Other primary apparent symptom
<b>53</b> Nausea	<b>NN</b> No primary apparent symptom
<b>54</b> Vomiting	<b>UU</b> Undetermined primary apparent symptom
<b>55</b> Numbness or tingling, paresthesia	
<b>56</b> Paralysis	

## H2-PRIMARY AREA OF BODY INJURED

**Primary Area of Body Injured** Enter the code and a written description of the part of the body that was most seriously injured. It should be the part of the body affected by the "Primary Apparent Symptom."

**Primary Area of Body Injured Codes**

<b>Head</b>		<b>64</b>	Wrist
<b>11</b>	Ear	<b>65</b>	Hand and fingers
<b>12</b>	Eye	<b>60</b>	Upper extremities, other
<b>13</b>	Nose		
<b>14</b>	Mouth included are lips, teeth and interior		<b>Lower extremities</b>
<b>10</b>	Head, other	<b>71</b>	Leg-upper
		<b>72</b>	Leg-lower
		<b>73</b>	Knee
<b>Neck &amp; Shoulders</b>		<b>74</b>	Ankle
<b>21</b>	Neck	<b>75</b>	Foot and toes
<b>22</b>	Throat	<b>70</b>	Lower extremities, other
<b>23</b>	Shoulder		
			<b>Internal</b>
<b>Thorax</b>		<b>81</b>	Trachea and lungs
<b>31</b>	Back, except spine	<b>82</b>	Heart
<b>32</b>	Chest	<b>83</b>	Stomach
<b>30</b>	Thorax, other	<b>84</b>	Intestinal tract
		<b>85</b>	Genito-urinary
		<b>80</b>	Internal, other
<b>Abdominal area</b>			
<b>41</b>	Abdomen		<b>Multiple parts</b>
<b>42</b>	Pelvis or groin	<b>91</b>	Multiple body parts – upper part of body
<b>43</b>	Hip, lower back or buttocks	<b>92</b>	Multiple body parts – lower part of body
		<b>93</b>	Multiple body parts – whole body
<b>Spine</b>			
<b>51</b>	Spine		<b>Other Body Parts</b>
<b>Upper extremities</b>		<b>00</b>	Other body part
<b>61</b>	Arm-upper, not including elbow or shoulder	<b>NN</b>	No body part
<b>62</b>	Arm-lower, not including elbow or wrist	<b>UU</b>	Part of body undetermined
<b>63</b>	Elbow		

**I1-CAUSE OF FIREFIGHTER INJURY**

**Cause of Firefighter Injury** Enter the code and written description for the immediate cause or condition responsible for the injury.

- 1** Fall
- 2** Jump
- 3** Slip/trip
- 4** Exposure to hazard
- 5** Struck or assaulted by person/animal/object
- 6** Contact with object (firefighter moved into/onto)
- 7** Overexertion/strain
- 0** Other cause of injury
- U** Undetermined cause of injury

## I2-FACTOR CONTRIBUTING TO INJURY

**Factor Contributing to Injury** Enter the code and written description of the most significant factor contributing to the injury.

### Factor Contributing to Injury Codes

<b>Collapse or Falling Object</b>		<b>43</b>	Hole burned through floor
<b>11</b>	Roof collapse	<b>40</b>	Holes, other
<b>12</b>	Wall collapse		
<b>13</b>	Floor collapse		
<b>14</b>	Ceiling collapse	<b>51</b>	<b>Slippery or Uneven Surfaces</b> Icy surface
<b>15</b>	Stair collapse	<b>52</b>	Wet surface, included are water/soap/foam, etc.
<b>16</b>	Falling objects	<b>53</b>	Loose material on surface
<b>17</b>	Cave-in (earth)	<b>54</b>	Uneven surface, included are holes in the ground
<b>10</b>	Collapse or falling object, other	<b>50</b>	Slippery or uneven surfaces, other
<b>Fire Development</b>			
<b>21</b>	Fire progress, including smoky conditions		
<b>22</b>	Backdraft	<b>61</b>	<b>Vehicle or Apparatus</b> Vehicle left road or overturned
<b>23</b>	Flashover	<b>62</b>	Vehicle collided with another vehicle
<b>24</b>	Explosion	<b>63</b>	Vehicle collided with non-vehicular object
<b>20</b>	Fire development, other	<b>64</b>	Vehicle stopped too fast
<b>Lost, Caught, Trapped, Confined</b>		<b>65</b>	Seat belt not fastened
<b>31</b>	Person physically caught or trapped	<b>66</b>	Firefighter standing on apparatus
<b>32</b>	Lost in building	<b>60</b>	Vehicle or apparatus, other
<b>33</b>	Operating in confined structural areas		
<b>34</b>	Operating under water or ice	<b>91</b>	<b>Other Contributing Factors</b> Civil unrest, including riots/civil disturbances
<b>30</b>	Lost, caught, trapped, or confined, other	<b>92</b>	Hostile acts
<b>Holes</b>		<b>00</b>	Other contributing factors
<b>41</b>	Unguarded hole in structure	<b>NN</b>	No contributing factor
<b>42</b>	Hole burned through roof	<b>UU</b>	Undetermined contributing factor

## I3-OBJECT INVOLVED IN INJURY

**Object Involved in Injury** Enter the code and written description of the object involved in the injury.

### Object Involved in Injury Codes

<b>11</b>	Coupling	<b>21</b>	Ladder: aerial
<b>12</b>	Hose, not charged	<b>22</b>	Ladder: ground
<b>13</b>	Hose, charged	<b>23</b>	Tools/equipment
<b>14</b>	Water from master stream	<b>24</b>	Knife, scissors
<b>15</b>	Water from hose line	<b>25</b>	Syringe
<b>16</b>	Water, not from a hose	<b>26</b>	FD Vehicle/apparatus
<b>17</b>	Steam	<b>27</b>	FD Vehicle door, including apparatus compartments
<b>18</b>	Extinguishing agent	<b>28</b>	Station sliding pole

31 Curb  
32 Door in building  
33 Fire escape  
34 Ledge  
35 Stairs  
36 Wall, including other vertical surfaces  
37 Window  
38 Roof  
39 Floor or ceiling  
30 Structural component, other

41 Asbestos  
42 Dirt, stones, or debris  
43 Glass  
45 Nails  
46 Splinters  
47 Embers  
48 Hot tar  
49 Hot metal

51 Biological agents  
52 Chemicals  
53 Fumes, gases, or smoke  
54 Poisonous plants  
55 Insects  
56 Radioactive materials

61 Electricity  
62 Extreme weather  
63 Utility flames, flares, torches  
64 Heat or flame

91 Person: victim  
92 Property and structure contents  
93 Animal  
94 Vehicle: not FD  
95 Gun, including all other projectile  
weapons  
90 Person, other

00 Other object involved  
NN No object involved  
UU Undetermined object involved

## J1-WHERE INJURY OCCURRED

**Where Injury Occurred** Check one box that best describes where the injury occurred. Blank defaults to undetermined.

- 1 Enroute to FD location
- 2 At FD location
- 3 Enroute to incident scene
- 4 Enroute to medical facility
- 5 At scene in structure
- 6 At scene outside
- 7 At medical facility
- 8 Returning from incident
- 9 Returning from medical facility
- 0 Other location where injury occurred
- U Undetermined location where injury occurred

## J2-STORY WHERE INJURY OCCURRED

**Story Where Injury Occurred** If the injury occurred inside or on a structure, check the box and enter the story where the injury occurred. If the story is below grade, check the "Below grade" box. If the injury occurred outside, check the box to indicate that.

- 1 Inside/on structure
- 2 Outside of structure

## J3-SPECIFIC LOCATION

**Specific Location** Check the box that best describes the specific location at time of injury. If any code greater than 60 is checked, continue on to J4.

- |                                       |   |
|---------------------------------------|---|
| 22 Outside at grade                   | 36 In water                                     |
| 23 On roof                            | 45 In attic or other confined structural space  |
| 24 On aerial ladder or in basket      | 49 In structure, excluding attic, roof, or wall |
| 25 On ground ladder                   | 53 In tunnel                                    |
| 26 On vertical surface or ledge       | 54 In sewer                                     |
| 27 On fire escape or outside stairway | 61 In motor vehicle                             |
| 28 On steep grade                     | 63 In rail vehicle                              |
| 31 In open pit                        | 64 In boat, ship or barge                       |
| 32 In ditch or trench                 | 65 In aircraft                                  |
| 33 In quarry or mine                  | 00 Other specific location                      |
| 34 In ravine                          | NN No specific location                         |
| 35 In well                            | UU Undetermined specific location               |

## J4-VEHICLE TYPE

### Vehicle Type

Check the box that best describes the vehicle type. None indicates the specific location was coded with a number less than 60.

- 1 Suppression vehicle
- 2 EMS vehicle
- 3 Other fire department vehicle
- 4 Non-fire department vehicle, includes private auto
- N None or vehicle type not applicable

## K-PROTECTIVE EQUIPMENT

Complete Section K only if protective equipment failed and was a factor in the injury.

### K1- PROTECTIVE EQUIPMENT FAILURE

#### Protective Equipment failure

If the protective equipment failed and contributed to the injury, check the "Yes" box and complete the remainder of Section K. If the protective equipment did not fail or the failure did not contribute to the injury, check the "No" box and leave the remainder of Section K blank.

Equipment Failed?

- Y Yes
- N No

#### Equipment Sequence Number

Enter 001 for the first item of equipment that failed. If more than one item of protective equipment failed, complete an additional Section K sheet for each additional item. Give each sheet a subsequent equipment sequence number and attach the additional sheet(s) to the original fire fighter casualty report.

### K2-PROTECTIVE EQUIPMENT ITEM

#### Protective Equipment Item

Check one box to indicate the type of protective equipment involved. If more than one item was a factor in the injury, use additional sheets.

#### Protective Equipment Item Codes

<b>Head or Face Protection</b>		<b>22</b>	Protective trousers
<b>11</b>	Helmet	<b>23</b>	Uniform shirt
<b>12</b>	Full face protector	<b>24</b>	Uniform T-shirt
<b>13</b>	Partial face protector	<b>25</b>	Uniform trousers
<b>14</b>	Goggles/eye protection	<b>26</b>	Uniform coat or jacket
<b>15</b>	Hood	<b>27</b>	Coveralls
<b>16</b>	Ear protector	<b>28</b>	Apron or gown
<b>17</b>	Neck protector	<b>20</b>	Coat, shirt or trousers, other
<b>10</b>	Head or face protection, other		
<b>Coat, Shirt or Trousers</b>		<b>31</b>	<b>Boots or Shoes</b>
<b>21</b>	Protective coat		Knee length boots w/ steel baseplate & steel toes

<b>32</b>	Knee length boots with steel toes only	<b>50</b>	Hand protection, other
<b>33</b>	3/4 length boots w/ steel baseplate & steel toes		<b>Special Equipment</b>
<b>34</b>	3/4 length boots with steel toes only	<b>61</b>	Proximity suit for entry
<b>35</b>	Boots without steel baseplate or steel toes	<b>62</b>	Proximity suit for non-entry
<b>36</b>	Safety shoes with steel baseplate and steel toes	<b>63</b>	Totally encapsulated, reusable chemical suit
<b>37</b>	Safety shoes with steel toes only	<b>64</b>	Totally encapsulated, disposable chemical suit
<b>38</b>	Non-safety shoes	<b>65</b>	Partially encapsulated, reusable chemical suit
<b>30</b>	Boots or shoes, other	<b>66</b>	Partially encapsulated, disposable chemical suit
	<b>Respiratory Protection</b>	<b>67</b>	Flash protection suit
<b>41</b>	Self-contained breathing apparatus (SCBA) demand	<b>68</b>	Flight or jump suit
<b>42</b>	Self-contained breathing apparatus (SCBA) positive	<b>69</b>	Brush suit
<b>43</b>	Self-contained breathing apparatus (SCBA) closed		<b>Special Equipment Continued</b>
<b>44</b>	Non-self-contained breathing apparatus	<b>71</b>	Exposure suit
<b>45</b>	Cartridge respirator	<b>72</b>	Self-Contained Underwater Breathing Apparatus(SCUBA)
<b>46</b>	Dust or particle mask	<b>73</b>	Life preserver
<b>40</b>	Respiratory protection, other	<b>74</b>	Life belt or ladder belt
	<b>Hand Protection</b>	<b>75</b>	Personal alert safety system (PASS)
<b>51</b>	Firefighter gloves with wristlets	<b>76</b>	Radio distress device
<b>52</b>	Firefighter gloves without wristlets	<b>77</b>	Personal lighting
<b>53</b>	Work gloves	<b>78</b>	Fire shelter or tent
<b>54</b>	HazMat gloves	<b>79</b>	Vehicle safety belt
<b>55</b>	Medical gloves	<b>70</b>	Special equipment, other
		<b>00</b>	Other protective equipment item

### K3-PROTECTIVE EQUIPMENT PROBLEM

**Protective Equipment Problem** Check the box that best describes the protective equipment problem.

#### Protective Equipment Problem Codes

<b>11</b>	Burned	<b>44</b>	Harness detached or separated
<b>12</b>	Melted	<b>45</b>	Regulator failed to operate
<b>21</b>	Fractured, cracked or broke	<b>46</b>	Regulator damaged by contact
<b>22</b>	Punctured	<b>47</b>	Problem with admissions valve
<b>23</b>	Scratched	<b>48</b>	Alarm failed to operate
<b>24</b>	Knocked off	<b>49</b>	Alarm damaged by contact
<b>25</b>	Cut or ripped	<b>51</b>	Supply cylinder or valve failed to operate
<b>31</b>	Trapped steam or hazardous gas	<b>52</b>	Supply cylinder or valve damaged by contact
<b>32</b>	Insufficient insulation	<b>53</b>	Supply cylinder contained insufficient air
<b>33</b>	Object fell in or onto equipment item	<b>94</b>	Did not fit properly
<b>41</b>	Failed under impact	<b>95</b>	Not properly serviced or stored prior
<b>42</b>	Face piece or hose detached		
<b>43</b>	Exhalation valve inoperative or damaged		

	to use	<b>00</b>	Other protective equipment problem
<b>96</b>	Not used for designed purpose	<b>NN</b>	No protective equipment problem
<b>97</b>	Not used as recommended by manufacturer	<b>UU</b>	Undetermined protective equipment problem

#### **K4-EQUIPMENT MANUFACTURER, MODEL & SERIAL NUMBER**

<b>Protective Equipment</b>	If known, enter the manufacturer name, model and serial number of the protective equipment involved in this injury.
<b>Manufacturer</b>	The name of the company that made the piece of equipment.
<b>Model</b>	The manufacturer's model name. If one does not exist, use the common physical description that is used to describe the equipment.
<b>Serial Number</b>	The manufacturer's serial number that is generally stamped on an identification plate on the equipment.



## EMS MODULE (NFIRS-6)

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate that an EMS report has been previously submitted and you now want to delete all data associated with that EMS record from the database. If you check this box, complete Section A, the patient number assigned to the person (Section B), and leave the rest of the report blank. <b>Required only when deleting all information associated with the EMS record from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate an EMS report has been previously submitted and you now want to update or change the information in the database for that EMS patient. If you check this box, complete Section A, the patient number assigned to this person (Section B) and the data elements that are to be updated or changed for this module. <b>Required only when updating an EMS report. Section A must always be completed for a change transaction.</b>

### B-NUMBER OF PATIENTS & PATIENT NUMBER

<b>Number of Patients</b>	Enter the total number of patients in the blanks provided. Right justify all entries and use leading zeros. You should complete a separate EMS module for each patient treated.
<b>Patient Number</b>	Enter the unique identification number for the patient. The first patient for each incident is 001, the second 002, etc. <b>Required for each EMS patient record.</b>

## C-DATE/TIME ARRIVED AT PATIENT & TIME OF PATIENT TRANSFER

**Date/Time Arrived & Transfer** For each incident, enter the date and time fire fighters arrived at the patient and the date and time of patient transfer.

If the date is the same as the alarm date, check the box to indicate the date is the same as the alarm date and enter the time only.

Enter the two-digit indicator for the month, 01 through 12, for January through December.

Enter the day of the month using leading zeroes for numbers less than ten.

Enter the four-digit year.

Enter the time using the 24-hour clock. Midnight is 0000 and signifies the start of a new day.

## D-PROVIDER IMPRESSION/ASSESSMENT

**Provider Impression/Assessment** Check one box that best describes the emergency provider's impression/assessment. When more than one choice is applicable to the patient, choose the single most important clinical assessment that drove the choice of treatment. **Required for each EMS patient record.**

### Provider Impression/Assessment Codes

<b>10</b>	Abdominal pain	<b>25</b>	Hypothermia
<b>11</b>	Airway obstruction	<b>26</b>	Hypovolemia
<b>12</b>	Allergic reaction, excludes stings & venomous bite	<b>27</b>	Inhalation injury, toxic gases
<b>13</b>	Altered level of consciousness	<b>28</b>	Obvious death
<b>14</b>	Behavioral - mental status, psychiatric disorder	<b>29</b>	Overdose/poisoning
<b>15</b>	Burns	<b>30</b>	Pregnancy/OB
<b>16</b>	Cardiac arrest	<b>31</b>	Respiratory arrest
<b>17</b>	Cardiac dysrhythmia	<b>32</b>	Respiratory distress
<b>18</b>	Chest pain	<b>33</b>	Seizure
<b>19</b>	Diabetic symptom	<b>34</b>	Sexual assault
<b>20</b>	Do not resuscitate	<b>35</b>	Sting/bite
<b>21</b>	Electrocution	<b>36</b>	Stroke/CVA
<b>22</b>	General illness	<b>37</b>	Syncope, fainting
<b>23</b>	Hemorrhaging/bleeding	<b>38</b>	Trauma
<b>24</b>	Hyperthermia	<b>00</b>	Other impression/assessment
		<b>NN</b>	None/no patient or refused treatment

**E1-AGE OR DATE OF BIRTH**

- Age** Enter the age of the patient. If the age cannot be determined, make an approximation. For patients less than a year old, enter the number of months and check the “Months (for infants)” box.
- Date of Birth** Enter the date of birth of the patient showing the month, day and year (4-digit year).

**E2-GENDER**

- Gender** Check the box that indicates the patient’s gender.
- 1 Male
  - 2 Female

**F1-RACE**

- Race** Check the box that best indicates the patient’s race.
- 1 White
  - 2 Black
  - 3 American Indian, Eskimo, Aleut
  - 4 Asian
  - 0 Other, multi-racial
  - U Race undetermined

**F2-ETHNICITY**

- Ethnicity** Check the box if the patient is Hispanic.

**G1-HUMAN FACTORS**

- Human Factors** Check all the applicable boxes describing the human factors that contributed to the patient’s injury.
- 1 Asleep
  - 2 Unconscious
  - 3 Possibly impaired by alcohol
  - 4 Possibly impaired by other drug or chemical
  - 5 Possibly mentally disabled
  - 6 Physically disabled
  - 7 Physically restrained
  - 8 Unattended or unsupervised person, included are too young to act
  - N None or no human factors

## G2-OTHER FACTORS

**Other Factors** Check the appropriate box. If illness and not an injury, skip this field and go to H3, Cause of Illness/Injury.

- 1** Accidental
- 2** Self-inflicted
- 3** Inflicted, not self. Included are attacks by animals and persons.
- N** None or no other factors

## H1-BODY SITE OF INJURY

**Body Site of Injury** Enter up to five parts of the body where injuries occurred. List the body site with the most serious injury first. If the patient is suffering from an illness and not an injury, then H1 and H2 should not be completed.

- 1** Head
- 2** Neck & shoulder
- 3** Thorax, includes chest and back, excludes spine
- 4** Abdomen
- 5** Spine
- 6** Upper extremities
- 7** Lower extremities
- 8** Internal
- 9** Multiple body parts
- N** No body site of injury

## H2-INJURY TYPE

**Injury Type** Enter a description of the primary injuries sustained by a patient for each part of the body listed in Block H1. Then select and record the appropriate code number for injury type recorded. If the patient is suffering from an illness and not an injury, then H1 and H2 should not be completed.

- 10** Amputation
- 11** Blunt Injury
- 12** Burn
- 13** Crush
- 14** Dislocate/fracture
- 15** Gunshot
- 16** Laceration
- 17** Pain without swelling
- 18** Puncture/stab
- 19** Soft tissue swelling
- 00** Other Injury type

### H3-CAUSE of ILLNESS/INJURY

**Cause of Illness/Injury** Select and record the two-digit code that indicates the immediate cause or condition responsible for the injury or illness.

#### Cause of Illness/Injury Codes

<b>10</b>	Chemical exposure	<b>26</b>	Lightning
<b>11</b>	Drug poisoning	<b>27</b>	Machinery
<b>12</b>	Fall	<b>28</b>	Mechanical suffocation
<b>13</b>	Aircraft related	<b>29</b>	Motor vehicle accident
<b>14</b>	Bite, includes animal bites	<b>30</b>	Motor vehicle accident, pedestrian
<b>15</b>	Bicycle accident	<b>31</b>	Non-traffic vehicle (off-road) accident
<b>16</b>	Building collapse/construction accident	<b>32</b>	Physical assault/abuse
<b>17</b>	Drowning	<b>33</b>	Scalds/other thermal
<b>18</b>	Electrical shock	<b>34</b>	Smoke inhalation
<b>19</b>	Cold	<b>35</b>	Stabbing assault
<b>20</b>	Heat	<b>36</b>	Venomous sting
<b>21</b>	Explosives	<b>37</b>	Water transport
<b>22</b>	Fire and flames	<b>00</b>	Other cause of injury/illness
<b>23</b>	Firearm	<b>UU</b>	Unknown cause of injury/illness
<b>25</b>	Fireworks		

### I-PROCEDURES USED

**Procedures Used** Check all applicable boxes to indicate the procedures used to treat the patient.

#### Procedures Used Codes

<b>01</b>	Airway insertion	<b>14</b>	Intubation (EGTA)
<b>02</b>	Anti-shock trousers	<b>15</b>	Intubation (ET)
<b>03</b>	Assisted ventilation	<b>16</b>	IO/IV Therapy
<b>04</b>	Bleeding control	<b>17</b>	Medications therapy
<b>05</b>	Burn care	<b>18</b>	Oxygen therapy
<b>06</b>	Cardiac pacing	<b>19</b>	Obstetrical care/delivery
<b>07</b>	Cardioversion (defib), manual	<b>20</b>	Pre-arrival instructions
<b>08</b>	Chest/abdominal thrust	<b>21</b>	Restrained patient
<b>09</b>	CPR	<b>22</b>	Spinal immobilization
<b>10</b>	Cricothyroidotomy	<b>23</b>	Splinted extremities
<b>11</b>	Defibrillation by AED	<b>24</b>	Suction/aspirate
<b>12</b>	EKG monitoring	<b>00</b>	Other procedure
<b>13</b>	Extrication	<b>NN</b>	No treatment

### J-SAFETY EQUIPMENT

**Safety Equipment** Check all applicable boxes to indicate the safety equipment that was in use.

- 1** Safety, seat belts
- 2** Child safety seat
- 3** Airbag

- 4 Helmet
- 5 Protective clothing
- 6 Flotation device
- N None or no safety equipment
- O Other safety equipment used
- U Undetermined safety equipment

## K-CARDIAC ARREST

**Cardiac Arrest** Check all applicable boxes. The intent here is to determine whether it was a pre-arrival or post-arrival arrest. If it was a pre-arrival arrest, was it witnessed and/or was bystander CPR performed.

### Cardiac Arrest

- 1 Pre-arrival arrest
- 2 Post-arrival arrest

### Pre-Arrival Details

- 1 Witnessed
- 2 Bystander CPR

### Initial Arrest Rhythm

- 1 V-Fib/V-Tach
- O Other
- U Undetermined

## L1-INITIAL LEVEL OF FD PROVIDER

**Initial Level of FD Provider** Check the box that best describes the initial level of care the patient received from the fire department

- 1 First Responder
- 2 EMT-B (Basic)
- 3 EMT-I (Intermediate)
- 4 EMT-P (Paramedic)
- O Other health care provider, includes doctors, nurses, etc.
- N No Training

## L2-HIGHEST LEVEL OF FD PROVIDER ON SCENE

**Highest Level of Provider on Scene** Check the box that indicates the highest level of care provided at the scene by the fire department.

- 1 First responder
- 2 EMT-B (Basic)
- 3 EMT-I (Intermediate)
- 4 EMT-P (Paramedic)
- O Other health care provider, includes doctors, nurses, etc.
- N No care provided

**M-PATIENT STATUS****Patient Status**

Check the box that best describes the patient's status when they were transferred to another agency for care as compared to their status when the fire department began treatment.

- 1** Improved
- 2** Remained Same
- 3** Worsened

**Patient Pulse**

- 1** Pulse on Transfer
- 2** No Pulse on Transfer

**N-DISPOSITION****Disposition**

Check the box that describes the disposition of the patient.

- 1** FD transport to Emergency Care Facility (ECF)
- 2** Non-FD transport
- 3** Non-FD transport with FD attendant
- 4** Non-emergency transfer
- O** Other
- N** Not transported under EMS

## HAZMAT MODULE (NFIRS-7)

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>HazMat Number</b>	Enter the two-digit number assigned to each hazardous material involved in the incident. The number should begin with 01 and be incremented sequentially. Complete this module for each hazardous material involved in the incident. <b>Required for all HazMat reports.</b>
<b>Delete</b>	Check this box to indicate that a HazMat report has been previously submitted and you now want to delete all data associated with that HazMat record from the database. If you check this box, complete Section A including the HazMat No. assigned to that material and leave the rest of the report blank. <b>Required only when deleting all information associated with the hazardous material from the database.</b>
<b>Change</b>	Check this box to indicate that a HazMat report has been previously submitted and you now want to update or change the information on the database for that HazMat record. If you check this box, complete Section A including the HazMat No. assigned to that material and the data elements that are to be updated or changed for this module. <b>Required only when updating a report.</b>

### B-HAZMAT ID

<b>UN Number</b>	Enter the 4-digit UN Number assigned to the hazardous material. Leave the entry blank if an UN number has not been assigned.
<b>DOT Hazard Classification</b>	Enter the appropriate 2-digit code that corresponds with the hazard classification and division code as found on a placard or label, in the



NAERG, or from the list below.

**NOTE:** the DOT Hazard Classification consists of a single-digit class code, followed by a decimal point and a single digit code for the division. For the purpose of this module, this two-part hazard class/division code has been converted into a two-digit code.

### DOT Hazard Classification Codes

#### **Class 1 - Explosives**

- 11 Division 1.1 Explosives with mass explosion hazard
- 12 Division 1.2 Explosives with projectile hazard
- 13 Division 1.3 Explosives w/ predominant fire hazard
- 14 Division 1.4 Explosives with no significant blast
- 15 Division 1.5 Very insensitive explosives; blasting
- 16 Division 1.6 Extremely insensitive detonating articles

#### **Class 2 – Gases**

- 21 Division 2.1 Flammable gases
- 22 Division 2.2 Non-flammable
- 23 Division 2.3 Gases toxic by inhalation
- 24 Division 2.4 Corrosive gases (Canada)

#### **Class 3 - Flammable/Combustible Liquids**

- 30 Flammable/Combustible Liquids

#### **Class 4 - Flammable Solids**

- 41 Division 4.1 Flammable solids
- 42 Division 4.2 Spontaneously combustible materials
- 43 Division 4.3 Dangerous when wet materials

#### **Class 5 - Oxidizers and Organic peroxides**

- 51 Division 5.1 Oxidizers
- 52 Division 5.2 Organic peroxides

#### **Class 6 – Toxic materials and Infectious Substances**

- 61 Division 6.1 Toxic materials
- 62 Division 6.2 Infectious substances

#### **Class 7 - Radioactive materials**

- 70 Radioactive materials

#### **Class 8 - Corrosive materials**

- 80 Corrosive materials

#### **Class 9 - Miscellaneous dangerous goods**

- 91 Division 9.1 Miscellaneous dangerous goods (Canada)
- 92 Division 9.2 Environmentally hazardous substances (Canada)
- 93 Division 9.3 Dangerous wastes (Canada)

**CAS Registration Number** Enter the number assigned by the CAS to the chemical including dashes (right justify). This number may be found in reference materials, on Material Safety Data Sheets (MSDS), and on some product labels.

**Chemical Name** Enter the chemical or trade name of the hazardous material as shown on the MSDS, product label, packaging, or container.

## C1-CONTAINER TYPE

**Container Type** Enter the 2-digit code for the corresponding container type from the list below.

### Container Type Codes

<b>Portable Container</b>		<b>32</b>	Pond or surface impoundment
<b>11</b>	Drum	<b>33</b>	Well
<b>12</b>	Cylinder	<b>34</b>	Dump-site or landfill
<b>13</b>	Can or bottle	<b>30</b>	Natural container, other
<b>14</b>	Carboy		
<b>15</b>	Box or carton	<b>Mobile Container</b>	
<b>16</b>	Bag or sack	<b>41</b>	Vehicle fuel tank and associated piping
<b>17</b>	Cask	<b>42</b>	Product tank on or towed by vehicle
<b>18</b>	Hose	<b>43</b>	Piping associated with mobile product tank loading or off loading
<b>10</b>	Portable container, other	<b>48</b>	Hose
		<b>40</b>	Mobile container, other
<b>Fixed Container</b>			
<b>21</b>	Tank or silo	<b>Other containers</b>	
<b>22</b>	Pipe or Pipeline	<b>91</b>	Rigid Intermediate Bulk Container (RIBC).
<b>23</b>	Bin	<b>00</b>	Other container type
<b>24</b>	Machinery or process equipment	<b>NN</b>	No container
<b>28</b>	Hose	<b>UU</b>	Undetermined container type
<b>20</b>	Fixed container, other		
<b>Natural Containment</b>			
<b>31</b>	Sump or pit		

## C2-ESTIMATED CONTAINER CAPACITY

**Estimated Container Capacity** Enter the estimated amount of material that the container was designed to hold, by volume or weight, to the nearest whole unit of measure (right justify).

## C3-UNITS: CAPACITY

**Units: Capacity** Check the box for the appropriate unit of measure associated with the container capacity.

### Volume

- 11** Ounces
- 12** Gallons
- 13** Barrels: 42 gal.
- 14** Liters
- 15** Cubic feet
- 16** Cubic meters

### Weight

- 21** Ounces (weight)
- 22** Pounds
- 23** Grams
- 24** Kilograms

**D1-ESTIMATED AMOUNT RELEASED**

**Estimated Amount Released** Enter the estimated amount of material released from the container, by volume or weight, to the nearest whole unit of measure (right justify).

**D2-UNITS: RELEASED**

**Units: Released** Check the box for the appropriate unit of measure associated with the amount of release.

**Volume**

- 11** Ounces
- 12** Gallons
- 13** Barrels: 42 gal.
- 14** Liters
- 15** Cubic feet
- 16** Cubic meters

**Weight**

- 21** Ounces (weight)
- 22** Pounds
- 23** Grams
- 24** Kilograms

**E1-PHYSICAL STATE WHEN RELEASED**

**Physical State When Released** Check the box best describing the physical state of the material when released.

- 1** Solid
- 2** Liquid
- 3** Gas
- U** Physical state when released undetermined

**E2-RELEASED INTO**

**Released Into** Enter the code that best describes the environment contaminated by the hazardous material.

- 1** Air
- 2** Water
- 3** Ground
- 4** Water and ground
- 5** Air and ground
- 6** Water and air
- 7** Air, water, and ground
- 8** Confined, no environmental impact-not released into air, water or ground

**F1-RELEASED FROM**

- Released From** If the location of the release was below grade, check the “below grade” box. If the release was inside or on a structure, check the “inside/on structure” box and enter the “story of release” directly below. If the release was outside a structure, check the “outside of structure” box. *An example of a spill on a structure is the release of a hazardous liquid on a loading dock.*
- 1 Inside/on structure
  - 2 Outside of structure

**F2-POPULATION DENSITY**

- Population Density** Check the box best describing the area adjacent to the hazardous materials release.
- 1 Urban – Densely populated
  - 2 Suburban – Predominately single family residences
  - 3 Rural – Scattered small communities and farms

**G1-AREA AFFECTED**

- Area Affected** Enter the appropriate unit of measurement box and enter the numeric value for the measurement of the area affected (right justify).
- 1 Square feet
  - 2 Blocks
  - 3 Square miles

**G2-AREA EVACUATED**

- Area Evacuated** Check the appropriate unit of measurement box and enter the numeric value for the measurement of the area evacuated. If there was no evacuation, check the “None” box and skip to Section H.
- 1 Square feet
  - 2 Blocks
  - 3 Square miles

**G3-ESTIMATED NUMBER OF PEOPLE EVACUATED**

- Estimated Number of People Evacuated** Enter the estimated number of people evacuated in the spaces provided (right justified).

## G4-ESTIMATED NUMBER OF BUILDINGS EVACUATED

**Estimated Number of Buildings Evacuated** Enter the estimated number of buildings evacuated (right justify). Include buildings that were already empty in the evacuated area (i.e., houses with no one home during the day).

## H-HAZMAT ACTIONS TAKEN

**HazMat Actions Taken** Enter the code and written description for up to three significant HazMat actions taken.

### HazMat Actions Taken Codes

	<b>Hazardous Condition</b>	<b>24</b>	Provide equipment
<b>11</b>	Identify, analyze hazardous materials	<b>25</b>	Provide water
<b>12</b>	HazMat detection, monitoring, sampling, & analysis	<b>26</b>	Control crowd
<b>13</b>	HazMat spill control and confinement	<b>27</b>	Control traffic
<b>14</b>	HazMat leak control and containment	<b>28</b>	Protect-in-place operations
<b>15</b>	Remove hazard or hazardous materials		
<b>16</b>	Decontaminate persons or equipment		
	<b>Isolation and evacuation</b>		<b>Information, Investigation &amp; Enforcement</b>
<b>21</b>	Determine materials to be non-hazardous	<b>31</b>	Refer to proper authority
<b>22</b>	Isolate area & establish hazard control zones	<b>32</b>	Notify other agencies
<b>23</b>	Provide apparatus	<b>33</b>	Provide information to public or media
		<b>34</b>	Investigate
		<b>35</b>	Standby
		<b>00</b>	Action taken, other

## I-IF FIRE OR EXPLOSION IS INVOLVED, WHICH OCCURRED FIRST?

**If Fire or Explosion, Which Occurred First?** Check the "Ignition" box if a fire led to a release of hazardous materials. Check the "Release" box if a hazardous material was spilled or released and then caught fire.

- 1** Ignition
- 2** Release
- U** Undetermined if fire or explosion occurred first

## J-CAUSE OF RELEASE

**Cause of Release** Check the box that best describes the cause or reason for the release.

- 1** Intentional
- 2** Unintentional release
- 3** Container/containment failure
- 4** Act of nature
- 5** Cause under investigation
- U** Cause undetermined after investigation

## K-FACTORS CONTRIBUTING TO RELEASE

**Factors Contributing to Release** Enter up to three significant factors and descriptors that contributed to the release or threatened release of the hazardous material from the 2-digit codes listed below.

### Factors Contributing to Release Codes

<b>Failure to Control Hazardous Material</b>	
<b>31</b>	Abandoned or discarded hazardous material
<b>32</b>	Failure to maintain proper temperature
<b>33</b>	Fell asleep and lost control of operations
<b>34</b>	Inadequate control of hazardous materials
<b>37</b>	Person possibly impaired by drugs or alcohol
<b>38</b>	Person otherwise impaired or unconscious
<b>30</b>	Failure to control hazardous materials, other
<b>Misuse of Hazardous Materials</b>	
<b>42</b>	Improper mixing technique
<b>43</b>	Hazardous materials used improperly
<b>45</b>	Improper container
<b>46</b>	Improper movement of hazardous materials container
<b>47</b>	Improper storage procedures
<b>48</b>	Children playing with hazardous materials
<b>40</b>	Misuse of hazardous materials, other
<b>Mechanical Failure, Malfunction</b>	
<b>51</b>	Automatic control failure
<b>52</b>	Manual control failure
<b>53</b>	Short circuit, ground fault
<b>54</b>	Other part failure, leak, or break
<b>55</b>	Other electrical failure
<b>56</b>	Lack of maintenance, worn out
<b>50</b>	Mechanical failure, malfunction, other
<b>Design, Construction, Installation Deficiency</b>	
<b>61</b>	Design deficiency
<b>62</b>	Construction deficiency
<b>64</b>	Installation deficiency
<b>60</b>	Design/construction/installation deficiency, other
<b>Operational Deficiency</b>	
<b>71</b>	Collision, overturn, knockdown
<b>72</b>	Accidentally turned on, not turned off
<b>73</b>	Equipment unattended
<b>74</b>	Equipment overload
<b>75</b>	Failure to clean equipment
<b>76</b>	Improper startup, shutdown procedures
<b>77</b>	Equipment used for purpose not intended
<b>78</b>	Equipment not being operated properly
<b>70</b>	Operational deficiency, other
<b>Natural Condition</b>	
<b>81</b>	High wind
<b>82</b>	Earthquake
<b>83</b>	High water, flood
<b>84</b>	Lightning
<b>85</b>	Low humidity
<b>86</b>	High humidity
<b>87</b>	Low temperature
<b>88</b>	High temperature
<b>80</b>	Natural condition, other
<b>Special Release Factors</b>	
<b>91</b>	Animal
<b>92</b>	Secondary release following previous release
<b>93</b>	Reaction with other chemical
<b>97</b>	Failure to use ordinary care
<b>00</b>	Other release factor
<b>UU</b>	Undetermined release factor

## L-FACTORS AFFECTING MITIGATION

**Factors Affecting Mitigation** Enter up to three significant factors and descriptors that impeded or affected the mitigation of the release or threatened release of the hazardous material from the 2-digit codes listed below.

### Factors Affecting Mitigation Codes

<b>Site Factors</b>		<b>Impediment or Delay</b>	
11	Released into water table	31	Access to release area
12	Released into sewer system	32	HazMat apparatus unavailable
13	Released into wildland/wetland area	33	HazMat apparatus failure
14	Released in residential area	34	Traffic delay
15	Released in occupied building	35	Trouble finding location
16	Air release in confined area	36	Communications delay
17	Released, slick on waterway	37	HazMat - trained crew unavailable or delayed
18	Released on major roadway	30	Impediment or delay, other
10	Site factor, other		
<b>Release Factors</b>		<b>Natural Conditions</b>	
21	Release of extremely dangerous agent	41	High wind
22	Threatened release of extremely dangerous agent	42	Storm
23	Combination of release and fire impeded mitigation	43	High water, including floods
24	Multiple chemicals released, unknown effects	44	Earthquake
25	Release of unidentified chemicals, unknown effects	45	Extreme high temperature
20	Release factor, other	46	Extreme low temperature
		47	Ice or snow conditions
		48	Lightning
		49	Animal
		40	Natural condition, other
		00	Other factor affecting mitigation
		NN	No factor affecting mitigation

## M-EQUIPMENT INVOLVED IN RELEASE

**Equipment Involved in Release** In the spaces provided, describe the equipment involved by indicating the brand, model, serial number, and year, then enter the appropriate code from the "Equipment Involved in Release" code list. If there was no equipment involved, check the "None" box.

### Equipment Involved in Release Codes

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>EQUIPMENT INVOLVED IN IGNITION- F1</b> in the <i>Fire Module</i> . Please see the codes listed for that data element.
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**N-MOBILE PROPERTY INVOLVED IN RELEASE**

**Mobile Property Involved in Release** Enter the model, year, license plate number, state, and DOT/ICC number, then enter the appropriate code for Type and Make. If no mobile property was involved, check the "None" box.

**Mobile Property Type Codes**

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>MOBILE PROPERTY TYPE – H2</b> in the <i>Fire Module</i> . Please see the codes listed for that data element.
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**O-HAZMAT DISPOSITION**

**HazMat Disposition** Check the box that best describes the final disposition of the incident by the fire department

- 1 Completed by fire service only
- 2 Completed w/fire service present
- 3 Released to local agency
- 4 Released to county agency
- 5 Released to state agency
- 6 Released to federal agency
- 7 Released to private agency
- 8 Released to property owner or manager

**P-HAZMAT CIVILIAN CASUALTIES**

**HazMat Civilian Casualties** Identify and record separately the number of civilians killed and the number of civilians injured as a result of this HazMat incident.



## WILDLAND FIRE MODULE (NFIRS-8)

The Wildland Fire Module is an optional alternative module that may be used in place of the Fire Module (NFIRS-2) for any of the following Incident Types:

<b>140</b>	Vegetation fire, other	<b>171</b>	Cultivated grain, crop fire
<b>141</b>	Forest, woods or wildland fire	<b>172</b>	Cultivated orchard or vineyard fire
<b>142</b>	Brush or brush and grass mixture fire	<b>173</b>	Cultivated trees or nursery stock fire
<b>143</b>	Grass fire	<b>561</b>	Unauthorized burning
<b>160</b>	Special outside fire, other	<b>631</b>	Controlled burning (authorized)
<b>170</b>	Cultivated vegetation, crop fire, other	<b>632</b>	Prescribed burning (authorized)

If you complete the Wildland Fire Module, do not complete the regular Fire Module (NFIRS-2).

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate this incident has been previously submitted with a wildland module and you now want to delete the information in the wildland module only. The data on the basic module will remain on the database. If you check this box, complete Section A and leave the rest of the report blank. <b>Required only when deleting the wildland module data from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate this incident has been previously submitted with a wildland module and you now want to update or change the information in the database for the wildland module. If you check this box, complete Section A and the data elements that are to be updated or

changed for this module. **Required only when updating the data on the wildland report. Section A must always be completed for a change transaction.**

## B-ALTERNATE LOCATION SPECIFICATION

<b>Alternate Location Specification</b>	Two alternate location identification methods are provided: latitude/longitude and section/township/range/meridian. Use one of these if you checked the Wildland address box on the Basic module. If you entered an address on the Basic module, providing data in this section is optional.
<b>Latitude/Longitude</b>	Latitude and longitude are each expressed in degrees and minutes. Latitude is the angular distance north or south from the equator. Longitude is the angular distance east or west of the zero meridian.
<b>Township/Range/Section/Meridian</b>	In areas of the country that use township, range, section (and subsection), and meridian to identify locations, you may elect to specify the location in this manner. Be sure to complete all four basic parts of this location specification, as well as checking the applicable north/south box for township and east/west box for range.

### Subsection Designations

<b>NENE</b>	Northeast by Northeast	<b>SWNE</b>	Southwest by Northeast
<b>NENW</b>	Northeast by Northwest	<b>SWNW</b>	Southwest by Northwest
<b>NESE</b>	Northeast by Southeast	<b>SWSE</b>	Southwest by Southeast
<b>NESW</b>	Northeast by Southwest	<b>SWSW</b>	Southwest by Southwest
<b>NWNE</b>	NorthWest by Northeast	<b>SENE</b>	Southeast by Northeast
<b>NWNW</b>	NorthWest by Northwest	<b>SENW</b>	Southeast by Northwest
<b>NWSE</b>	NorthWest by Southeast	<b>SESE</b>	Southeast by Southeast
<b>NWSW</b>	NorthWest by Southwest	<b>SESW</b>	Southeast by Southwest

### Meridian Designations

<b>01</b>	First Principal	<b>19</b>	Michigan
<b>02</b>	Second Principal	<b>20</b>	Principal
<b>03</b>	Third Principal	<b>21</b>	Mt. Diablo
<b>04</b>	Fourth Principal	<b>22</b>	Navajo
<b>05</b>	Fifth Principal	<b>23</b>	New Mexico
<b>06</b>	Sixth Principal	<b>24</b>	St. Helena
<b>07</b>	Black Hills	<b>25</b>	St. Stephens
<b>08</b>	Boise	<b>26</b>	Salt Lake
<b>09</b>	Chickasaw	<b>27</b>	San Bernardino
<b>10</b>	Choctaw	<b>28</b>	Seward
<b>11</b>	Cimarron	<b>29</b>	Tallahassee
<b>12</b>	Copper River	<b>30</b>	Uintah
<b>13</b>	Fairbanks	<b>31</b>	Ute
<b>14</b>	Gila and Salt River	<b>32</b>	Washington
<b>15</b>	Humboldt	<b>33</b>	Willamette
<b>16</b>	Huntsville	<b>34</b>	Wind River
<b>17</b>	Indian	<b>35</b>	Ohio
<b>18</b>	Louisiana	<b>36</b>	Great Miami River

<b>37</b>	Muskingum River	<b>42</b>	Ellicotts Line
<b>38</b>	Ohio River	<b>43</b>	12 Mile Square
<b>39</b>	First Scioto River	<b>44</b>	Kateel River
<b>40</b>	Second Scioto River	<b>45</b>	Umat
<b>41</b>	Third Scioto River	<b>UU</b>	Undetermined meridian

## C-AREA TYPE

**Area Type** Check one box to indicate the type of area at the origin of the fire.

- 1** Rural, including farms > 50 acres
- 2** Urban, heavily populated areas
- 3** Rural/urban or suburban
- 4** Urban-wildland interface area

## D1-WILDLAND FIRE CAUSE

**Wildland Fire Cause** Check the box that best describes the cause of the wildland fire.

- 1** Natural source
- 2** Equipment
- 3** Smoking
- 4** Open/outdoor fire
- 5** Debris/vegetation burn
- 6** Structure (exposure)
- 7** Incendiary
- 8** Misuse of fire
- 0** Other wildland fire cause
- U** Undetermined wildland fire cause

## D2-HUMAN FACTORS CONTRIBUTING TO IGNITION

**Human Factors Contributing To Ignition** Check as many boxes in this section as are applicable. If there were no human factors, check the "None" box.

- 1** Asleep
- 2** Possible alcohol or drugs impairment
- 3** Unattended person
- 4** Possibly mentally disabled
- 5** Physically disabled
- 6** Multiple persons involved
- 7** Age was a factor

### D3-FACTORS CONTRIBUTING TO IGNITION

**Factors Contributing To Ignition** Identify up to two factors that contributed to ignition. Use the codes presented below.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>FACTORS CONTRIBUTING TO IGNITION – E2</b> in the Fire Module. Please see the codes listed for that data element.
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### D4-FIRE SUPPRESSION FACTORS

**Fire Suppression Factors** Use the codes below to identify up to three conditions or factors that constituted a significant suppression problem at the incident.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>FIRE SUPPRESSION FACTORS – G</b> in the Fire Module. Please see the codes listed for that data element.
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### E-HEAT SOURCE

**Heat Source** From the codes that follow, enter the Heat Source that ignited the Item First Ignited.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>HEAT SOURCE – D2</b> in the Fire Module. Please see the codes listed for that data element.
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### F-MOBILE PROPERTY TYPE

**Mobile Property Type** Choose a code below that best describes the type of mobile property involved.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>MOBILE PROPERTY TYPE – H2</b> in the Fire Module. Please see the codes listed for that data element.
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**G-EQUIPMENT INVOLVED IN IGNITION**

**Equipment Involved** Choose a code below that best describes the equipment involved in the ignition.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>EQUIPMENT INVOLVED IN IGNITION- F1</b> in the Fire Module. Please see the codes listed for that data element.
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**H-WEATHER INFORMATION**

**NFDRS Weather Station ID** Enter the six-digit National Fire Danger Rating System (NFDRS) Weather Station ID number.

**Weather Type** Check one box to indicate the weather at the start of the incident.

- 10** Clear: less than 1/10 cloud cover
- 11** Scattered clouds: 1/10 to 5/10 cloud cover
- 12** Broken clouds: 6/10 to 9/10 cloud cover
- 13** Overcast: 9/10 or more cloud cover
- 14** Foggy
- 15** Drizzle or mist
- 16** Raining
- 17** Snow or sleet
- 18** Shower
- 19** Thunderstorm in progress
- 00** Other weather type

**Wind Direction** Enter the code for the direction that the eye level wind is coming from. Then enter the wind speed in miles per hour. The direction and speed are those at eye-level, not at higher altitude.

- 1** North
- 2** Northeast
- 3** East
- 4** Southeast
- 5** South
- 6** Southwest
- 7** West
- 8** Northwest
- 9** Shifting winds
- N** None/calm
- U** Wind direction undetermined

**Wind Speed MPH** Enter the average wind speed to the nearest mile-per-hour at the origin of the fire. Right-justify the entry. Calm conditions are recorded as "0."

**Temperature &** Enter the temperature in degrees Fahrenheit and the relative humidity

**Relative Humidity** (the measure of atmospheric water content expressed as a percentage: 0% (dry), %100 (rain)). If the temperature is below "0," check the box.

**Fuel Moisture** Enter the fuel moisture percentage level.

**Fire Danger Rating** Check the box that best describes the fire danger at the time and place of the fire, based on the National Fire Danger Rating System.

- 1** Low fire danger
- 2** Moderate fire danger
- 3** High fire danger
- 4** Very high fire danger
- 5** Extreme fire danger
- U** Fire danger rating undetermined

## **I1-NUMBER OF BUILDINGS IGNITED**

**Number of Buildings Ignited** Enter the number of buildings ignited by the wildland fire. If no buildings were ignited, check the "None" box.

## **I2-NUMBER OF BUILDINGS THREATENED**

**Number of Buildings Threatened** Enter the number of buildings threatened, but not ignited by the wildland fire. Check the "None" box if no buildings were threatened.

## **I3-TOTAL ACRES BURNED**

**Total Acres Burned** Enter the total number of acres burned. If less than one acre was burned, the decimal point field should be used to denote tenths of an acre.

## **I4-PRIMARY CROPS BURNED**

**Primary Crops Burned** Enter up to three crops that burned in the fire. Enter the crop with the most burned acres first. If no crop were burned, leave blank.

## J-PROPERTY MANAGEMENT

### Property Management

Indicate the percent of the total acres burned for each type of ownership involved; then check the one box that best describes the principle entity that has responsibility for the property where the fire originated. **Only check one owner/management entity. Check "U" if undetermined.**

**U** Undetermined ownership

#### Private

- 1** Tax paying
- 2** Non tax paying

#### Public

- 3** City, town, village, local
- 4** County or parish
- 5** State or province
- 6** Federal
- 7** Foreign
- 8** Military
- 0** Other

## K-NFDRS FUEL MODEL AT ORIGIN

**Fuel Model At Origin** Enter the NFDRS fuel model code and written description that best identifies the type of wildland vegetation burned at the point of origin.

### NFDRS Fuel Model at Origin Codes

<b>01</b>	A: Annual Grasses	<b>11</b>	conifers (less than 25 tons per acre)
<b>02</b>	B: Mature brush [6 ft.+]	<b>12</b>	K: Light slash (less than 15 tons per acre)
<b>03</b>	C: Open pine with grass	<b>13</b>	L: Perennial grasses
<b>04</b>	D: Southern rough	<b>14</b>	N: Saw grass, marsh needle-like grass
<b>05</b>	E: Hardwood litter	<b>15</b>	O: High pocosin
<b>06</b>	F: Intermountain west brush	<b>16</b>	P: Southern long-needle pine
<b>07</b>	G: West Coast conifers; close, heavy down materials	<b>17</b>	Q: Alaska black spruce
<b>08</b>	H: Short needle conifers; normal down woody materials	<b>18</b>	R: Hardwood litter (summer)
<b>09</b>	I: Heavy slash, clear-cut conifers greater than 25 tons per area	<b>19</b>	S: Tundra
<b>10</b>	J: Medium slash, heavily thinned	<b>20</b>	T: Sagebrush with grass
		<b>21</b>	U: Western long-leaf pine
		<b>UU</b>	Undetermined fuel module

**L1-PERSON RESPONSIBLE FOR FIRE**

**Person Responsible for Fire** Check the box that best describes the involvement of a person in causing the fire. If the person responsible for causing the fire is known, identifying information about the person can be entered in Block K1 of the Basic Module (NFIRS-1) or the Supplemental Form (NFIRS-1s). If the person is not identified, skip to Section M.

- 1 Identified person caused fire
- 2 Unidentified person caused fire
- 3 Fire not caused by person

**L2-GENDER OF PERSON INVOLVED**

**Gender of Person Involved** Check the box that describes the gender (sex) of the person involved.

- 1 Male
- 2 Female

**L3-AGE OR DATE OF BIRTH**

**Age or Date of Birth** Enter the age in years, or the date of birth for the person responsible for the fire.

**L4-ACTIVITY OF PERSON**

**Activity of Person Involved** Enter the code that best describes the activity of the person involved. This entry should report the primary activity of the person that caused the fire.

**Activity of Person Involved Codes**

- |    |                          |    |                                  |
|----|--------------------------|----|----------------------------------|
| 01 | Logging/timber harvest   | 12 | Harvest of Illegal material      |
| 02 | Management activities    | 13 | Religious or ceremonial activity |
| 03 | Construction/maintenance | 14 | Oil/gas production               |
| 04 | Social gathering         | 15 | Military operations              |
| 05 | Hunting                  | 16 | Subsistence                      |
| 06 | Fishing                  | 17 | Mining                           |
| 07 | Other recreation         | 18 | Livestock grazing                |
| 08 | Camping                  | 19 | Target practice                  |
| 09 | Other permitted harvest  | 20 | Blasting                         |
| 10 | Picnicking               | 21 | Fireworks use                    |
| 11 | Non-permitted harvest    | 00 | Human activity, other            |

**M-RIGHT OF WAY**

**Horizontal Distance From Right of Way** If the origin of the fire was less than 100 feet of any right of way, enter the number of feet from the right of way to the origin of the fire. Rights of way include railroad rights of way, highways, roads, parking lots, etc.



**Type of Right of Way** Enter the code for the type of right of way from the list below.

**Type of Right of Way Codes**

<b>919</b>	Dump, sanitary landfill		driveway
<b>921</b>	Bridge, trestle	<b>963</b>	Street or road in commercial area
<b>922</b>	Tunnel	<b>965</b>	Vehicle parking area
<b>926</b>	Outbuilding, excluding garage	<b>972</b>	Aircraft runway
<b>931</b>	Open land, field	<b>973</b>	Aircraft taxiway
<b>935</b>	Campsite with utilities	<b>974</b>	Aircraft loading area
<b>936</b>	Vacant lot	<b>981</b>	Construction site
<b>938</b>	Graded and cared for plots of land	<b>982</b>	Oil, gas field
<b>940</b>	Water area	<b>983</b>	Pipeline, power line or other utility right-a-way
<b>951</b>	Railroad right-of-way		
<b>952</b>	Railroad yard	<b>984</b>	Industrial plant yard, area
<b>960</b>	Street, other	<b>000</b>	Type of right of way, other
<b>961</b>	Highway or divided highway	<b>UUU</b>	Undetermined type of right of way
<b>962</b>	Residential street, road or residential	<b>NNN</b>	No right of way

**N-FIRE BEHAVIOR**

**Elevation** Enter the distance above mean sea level measured in feet.

**Relative Position on Slope** Enter the relative position on the slope from the codes listed below.

- 0** Valley Bottom
- 1** Lower Slope
- 2** Mid Slope
- 3** Upper Slope
- 4** Ridge Top

**Aspect** Enter the direction that the slope faces from the codes below.

- 0** Flat/None
- 1** Northeast
- 2** East
- 3** Southeast
- 4** South
- 5** Southwest
- 6** West
- 7** Northwest
- 8** North

**Flame Length** Enter the average height (in feet) of flame at head of fire.

**Rate of Spread** Enter the rate of spread of the head of the fire in chains (66 feet/chain) per hour.

## APPARATUS OR RESOURCES MODULE (NFIRS-9)

The Apparatus or Resource Module is optional and is used to help manage and track apparatus and resources used on incidents. The Personnel Module (NFIRS-10) should be used when details about apparatus and personnel are needed.

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate that data on this apparatus or resource has been previously submitted and you now want to delete the data for this apparatus or resource from the database. If you check this box complete Section A, enter the ID for that apparatus or resource, and leave the rest of the report blank. <b>Required only when deleting the data for a specific apparatus or resource from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate that data on this apparatus or resource has been previously submitted and you now want to update or change the information in the database. If you check this box, complete Section A, enter the ID for that apparatus or resource, and the data elements that are to be updated or changed for this apparatus or resource. <b>Required only when updating data for a specific apparatus or resource. Section A must always be completed for a change transaction.</b>

## B-APPARATUS OR RESOURCE

**Apparatus or Resources ID** Identify each vehicle or apparatus sent to this incident placing the identifier in the spaces provided (for example, E1, L3, etc). If more than nine vehicles or apparatus are sent, use additional sheets, as necessary.  
**Required if module used.**

**Type of Apparatus or Resource** Use the code list below to describe the kind of apparatus identified with an ID above. **Required if module used.**

### Apparatus Type Codes

<b>Ground Fire Suppression</b>		<b>Support Equipment</b>	
11	Engine	61	Breathing apparatus support
12	Truck or aerial	62	Light and air unit
13	Quint	60	Support apparatus, other
14	Tanker & pumper combination		
16	Brush truck		
17	ARF (aircraft rescue & firefighting)		
10	Ground fire suppression, other	71	Rescue unit
		72	Urban search & rescue unit
<b>Heavy Ground Equipment</b>		73	High angle rescue unit
21	Dozer or plow	75	BLS unit
22	Tractor	76	ALS unit
24	Tanker or tender	70	Medical and rescue unit, other
20	Heavy ground equipment, other		
<b>Aircraft</b>		<b>Other</b>	
41	Aircraft, fixed wing tanker	91	Mobile command post
42	Helitanker	92	Chief officer car
43	Helicopter	93	HazMat unit
40	Aircraft, other	94	Type I hand crew
		95	Type II hand crew
		99	Privately owned vehicle
<b>Marine Equipment</b>		00	Other apparatus or resource
51	Fire boat with pump	NN	No apparatus or resource
52	Boat, no pump	UU	Undetermined apparatus or resource
50	Marine equipment, other		

**Dispatch Date and Time** If the date of dispatch was the same as the alarm date for this incident, just check the box and then indicate the time of dispatch for this apparatus. If the box is not checked, you should complete both the date and 24-hour clock time of arrival (0000 is midnight).

**Arrival Date and Time** If the date of arrival was the same as the alarm date for this incident, just check the box and then indicate the time of arrival for this apparatus. If the box is not checked, you should complete both the date and 24-hour clock time of arrival (0000 is midnight).

**Clear Date and Time** If the date that this apparatus cleared the scene is the same as the alarm date for this incident, just check the box and then indicate the time this apparatus cleared the scene. If the box is not checked, you should complete both the date and 24-hour clock time that this apparatus cleared the scene (0000 is midnight).

- Sent** Some departments may preprint this Apparatus form with Apparatus IDs and Types. If this is done, you may simply check off which apparatus were sent (in addition to completing other relevant information for the apparatus).
- Number of People** Indicate the number of personnel that attended in or on this apparatus or vehicle. **Required if module used.**
- Use** Check one of the three boxes provided to indicate the main use of this apparatus at the incident. The main use at the incident need **not** be the consistent with the apparatus type. For example, EMS may be the principal use of the members that arrive on a ladder truck. **Required if module used.**
- Actions Taken** Space is provided to enter codes for up to four actions taken.

<p><b>PLEASE NOTE:</b></p>	<p>The code set used for this data element is the same set that is used for <b>ACTIONS TAKEN-SECTION F</b> in the Basic Module. Please see the codes listed for that data element.</p>
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## PERSONNEL MODULE (NFIRS 10)

The Personnel Module (NFIRS-10) is an optional module that can be used to help manage and track personnel and resources used on incidents. This module can be used in place of the Apparatus/Resource Module (NFIRS-9) if more detail on personnel is desired. Additional information made possible by this module are the names, identification numbers, rank or grade, attendance at the incident, and actions taken by each individual person.

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>IncidentDate</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate that data on personnel has been previously submitted and you now want to delete the data for a specific person from the database. If you check this box, complete Section A, enter the ID for that apparatus or resource that the person was associated with, the personnel ID for the person for whom the data is to be deleted, and leave the rest of the report blank. <b>Required only when deleting the data for a specific person from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate that data on personnel has been previously submitted and you now want to update or change the information in the database for a specific person. If you check this box, complete Section A, enter the ID for that apparatus or resource that the person was associated with, the personnel ID for the person, and the data elements that are to be updated or changed for that person. <b>Required only when updating data for a specific person. Section A must always be completed for a change transaction.</b>

## B-APPARATUS OR RESOURCE

**Apparatus ID** Identify each vehicle or apparatus sent to this incident placing the identifier in the spaces provided (for example, E1, L3, etc). If more than nine vehicles or apparatus are sent, use additional sheets, as necessary.  
**Required if module used.**

**Apparatus Type** Use the code list below to describe the kind of apparatus identified with an ID above. **Required if module used.**

### Apparatus Type Codes

<b>Ground Fire Suppression</b>		<b>Support Equipment</b>	
11	Engine	61	Breathing apparatus support
12	Truck/aerial	62	Light and air unit
13	Quint	60	Support apparatus: other
14	Tanker-pumper combination		
16	Brush truck		
17	ARF (aircraft rescue & firefighting)		
10	Ground suppression: other		
<b>Heavy Ground Equipment</b>			
21	Dozer	71	Rescue unit
22	Tractor	72	Urban search & rescue unit
24	Tanker or tender	73	High angle rescue unit
20	Heavy equipment: other	75	BLS unit
		76	ALS unit
		70	Medical and rescue unit, other
<b>Aircraft</b>			
41	Aircraft: fixed wing tanker		
42	Helitanker		
43	Helicopter		
40	Aircraft: other		
<b>Marine Equipment</b>			
51	Fire boat with pump		
52	Boat: no pump		
50	Marine apparatus: other		
			<b>Other</b>
		91	Mobile command post
		92	Chief officer car
		93	HazMat unit
		94	Type 1 hand crew
		95	Type 2 hand crew
		99	Privately owned vehicle
		00	Other apparatus or resource
		NN	No apparatus or resource
		UU	Undetermined apparatus or resource

**Dispatch Date and Time** If the date of dispatch was the same as the alarm date for this incident, just check the box and then indicate the time of dispatch for this apparatus. If the box is not checked, you should complete both the date and 24-hour clock time of arrival (0000 is midnight).

**Arrival Date and Time** If the date of arrival was the same as the alarm date for this incident, just check the box and then indicate the time of arrival for this apparatus. If the box is not checked, you should complete both the date and 24-hour clock time of arrival (0000 is midnight).

**Clear Date and Time** If the date that this apparatus cleared the scene is the same as the alarm date for this incident, just check the box and then indicate the time this apparatus cleared the scene. If the box is not checked, you should complete both the date and 24-hour clock time that this apparatus cleared the scene (0000 is midnight).

- Sent** Some departments may preprint this Apparatus form with Apparatus IDs and Types. If this is done, you may simply check off which apparatus were sent (in addition to completing other relevant information for the apparatus).
- Number of People** Indicate the number of personnel that attended in or on this apparatus or vehicle. **Required if module used.**
- Use** Check one of the three boxes provided to indicate the main use of this apparatus at the incident. The main use at the incident need **not** be the consistent with the apparatus type. For example, EMS may be the principal use of the members that arrive on a ladder truck. **Required if module used.**
- Actions Taken** Space is provided to enter codes for up to four actions taken.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>ACTIONS TAKEN-SECTION F</b> in the Basic Module. Please see the codes listed for that data element.
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## PERSONNEL SECTION

This form is designed to be preprinted with the equipment and the names of assigned personnel and then used as a check off form at each incident. However, it may be filled out at each incident.

- Personnel ID** Fill in the Identification number of each person that responded to the incident. They should be listed with the apparatus to which they are connected. **Required if module used.**
- Name** Space is provided to enter the name of the personnel who responded to the incident.
- Rank or Grade** Enter the rank or grade of the personnel who responded.
- Attend** If the form is being used as a pre-printed check off, then the attend box is used to indicate that the particular individual responded to the incident.
- Actions Taken** Up to four actions taken can be listed for each person who responded to the incident. Use the codes provided for the purpose of identifying the actions taken.

<b>PLEASE NOTE:</b>	The code set used for this data element is the same set that is used for <b>ACTIONS TAKEN-SECTION F</b> in the Basic Module. Please see the codes listed for that data element.
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## ARSON MODULE (NFIRS-11)

The Arson Module (NFIRS-11) is an optional module that can be used to identify when and where the crime of arson takes place, what form it takes, and the characteristics of its targets and perpetrators.

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate this incident has been previously submitted with Arson Module data and you now want to delete the arson module data from the database. If you check this box, complete Section A and leave the rest of the report blank. <b>Required only when deleting the arson module data from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate this incident has been previously submitted with arson module data and you now want to update or change the arson module data in the database. If you check this box, complete Section A and the data elements that are to be updated or changed for this module. <b>Required only when updating a report. Section A must always be completed for a change transaction.</b>

### B-AGENCY REFERRED TO

<b>Agency Referred To</b>	Enter the referred agency's name, telephone number, address, case number, ORI number, FID number, and FDID (if applicable). Check "None" if the case was not referred to another agency.
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## C-CASE STATUS

**Case Status**

Check the box that best describes the status of the investigation at this time.

- 1 Investigation open
- 2 Investigation closed
- 3 Investigation inactive
- 4 Closed with arrest
- 5 Closed with exceptional clearance

## D-AVAILABILITY OF MATERIAL FIRST IGNITED

**Availability of  
Ignition Source**

Check the code that best describes the availability of the material first ignited.

- 1 Transported to scene
- 2 Available at scene
- U Unknown

## E-SUSPECTED MOTIVATION FACTORS

**Suspected****Motivational Factors**

Check up to three factors or conditions that constituted possible motivations for the subject(s).

- 11 Extortion
- 12 Labor unrest
- 13 Insurance fraud
- 14 Intimidation
- 15 Void contract/lease
- 21 Personal
- 22 Hate crime
- 23 Institutional
- 24 Societal
- 31 Protest
- 32 Civil unrest
- 41 Fireplay/curiosity
- 42 Vanity/recognition
- 43 Thrills
- 44 Attention/sympathy
- 45 Sexual excitement
- 51 Homicide
- 52 Suicide
- 53 Domestic violence
- 54 Burglary
- 61 Homicide concealment
- 62 Burglary concealment
- 63 Auto theft concealment
- 64 Destroy records/evidence
- 00 Other suspected motivation
- UU Unknown

## F-APPARENT GROUP INVOLVEMENT

### Apparent Involvement

Check up to three factors or conditions that identify involvement in a group or organization.

- 1 Terrorist group
- 2 Gang
- 3 Anti-government group
- 4 Outlaw motorcycle organization
- 5 Organized crime
- 6 Racial/ethnic hate group
- 7 Religious hate group
- 8 Sexual preference hate group
- 0 Other group
- N No group involvement, acted alone
- U Unknown

## G1-ENTRY METHOD

### Entry Method

Enter the code for the offender(s) method of entry to the property.

- 11 Door – open or unlocked
- 12 Door – forced or broken
- 13 Window – open or unlocked
- 14 Window – forced or broken
- 15 Gate – open or unlocked
- 16 Gate – forced or broken
- 17 Locks – pried
- 18 Locks – cut
- 19 Floor entry
- 21 Vent
- 22 Attic/roof
- 23 Key
- 24 Help from inside
- 25 Wall
- 26 Crawl space
- 27 Hid in/on premises
- 00 Other
- UU Unknown

## G2-EXTENT OF FIRE INVOLVEMENT ON ARRIVAL

### Extent of Fire Involvement on Arrival

Enter the code for the extent of fire involvement on arrival at the fire.

- 1 No flame or smoke showing
- 2 Smoke only showing
- 3 Flame and smoke showing
- 4 Fire through roof
- 5 Fully involved

## H-INCENDIARY DEVICES

**Incendiary Devices** Check one in each category (container, ignition/delay device, fuel) as applicable. Check the "None" box if none were used.

### Container

- 11 Bottle (glass)
- 12 Bottle (plastic)
- 13 Jug
- 14 Pressurized Container
- 15 Can, excludes gasoline or fuel cans
- 16 Gasoline or fuel can
- 17 Box
- 00 Other container
- NN None or no container
- UU Unknown container

### Ignition/Delay Device

- 11 Wick or fuse
- 12 Candle
- 13 Cigarette & matchbook
- 14 Electronic component
- 15 Mechanical device
- 16 Remote control
- 17 Road flare/fuse
- 18 Chemical component
- 19 Trailer/streamer
- 20 Open flame source
- 00 Other delay device
- NN None or no device
- UU Unknown fuel

### Fuel

- 11 Ordinary combustibles
- 12 Flammable gas
- 14 Ignitable liquid
- 15 Ignitable solid
- 16 Pyrotechnic material
- 17 Explosive material
- 00 Other material
- NN None or no fuel
- UU Unknown fuel

## I-OTHER INVESTIGATIVE INFORMATION

**Other Investigative Information** Check all that apply.

- 1 Code violations
- 2 Structure for sale
- 3 Structure vacant
- 4 Other crimes involved
- 5 Illicit drug activity
- 6 Change in insurance
- 7 Financial problem
- 8 Criminal/civil actions pending

**J-PROPERTY OWNERSHIP****Property Ownership** Check one.

- 1 Private
- 2 City, town, village, local
- 3 County or parish
- 4 State or province
- 5 Federal
- 6 Foreign
- 7 Military
- 0 Other

**K-INITIAL OBSERVATIONS****Initial Observations** Check all that apply.

- 1 Windows ajar
- 2 Doors ajar
- 3 Doors locked
- 4 Doors unlocked
- 5 Fire department forced entry
- 6 Entry forced prior to fire department arrival
- 7 Security system activated
- 8 Security system present but did not activate

**L-LABORATORY USED****Laboratory Used** Check all that apply.

- 1 Local
- 2 State
- 3 ATF
- 4 FBI
- 5 Other Federal
- 6 Private
- N No laboratory used

## JUVENILE FIRESETTER MODULE (NFIRS-11)

The Juvenile Firesetter Module (NFIRS-11) is an optional module that can be used to identify characteristics of persons under the age of 18 involved in fire setting. This module can be used if the cause of ignition (E1 on the Fire Module) is intentional (code 1) and the arson module is completed or if the cause of ignition is unintentional (code 2).

### A-IDENTIFICATION

<b>FDID</b>	Enter your Fire Department Identifier, as assigned by your state. <b>Required for all incidents.</b>
<b>State</b>	Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. <b>Required for all incidents.</b>
<b>Incident Date</b>	Enter the date that the department received the incident alarm. <b>Required for all incidents.</b>
<b>Station Number</b>	Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) <b>Local Option.</b>
<b>Incident Number</b>	Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. <i>All resource data will be aggregated across stations for incidents that have the same Incident Number.</i> <b>Required for all incidents.</b>
<b>Exposure</b>	Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. <b>Required for all incidents.</b>
<b>Delete</b>	Check this box to indicate this incident has been previously submitted with Juvenile Firesetter Module data and you now want to delete the juvenile firesetter module data from the database. If you check this box, complete Section A, the subject number, and leave the rest of the report blank. <b>Required only when deleting the juvenile firesetter module data from the database. Section A must always be completed for a delete transaction.</b>
<b>Change</b>	Check this box to indicate this incident has been previously submitted with juvenile firesetter module data and you now want to update or change the juvenile firesetter module data in the database. If you check this box, complete Section A, and enter the subject number and the data elements that are to be updated or changed for this module. <b>Required only when updating a juvenile firesetter report. Section A must always be completed for a change transaction.</b>

**M1-SUBJECT NUMBER**

**Subject Number** Enter the subject number in the space provided beginning with 001. Right justify and increment sequentially each additional subject that you complete a sheet for. **Required if the Juvenile Firesetter Module is used.**

**M2-AGE OR DATE OF BIRTH**

**Age or Date of Birth** Enter the age or the date of birth of the subject. Make an approximation if the age cannot be determined.

**M3-GENDER**

**Gender** Check the box that indicates the subject's gender.

- 1 Male
- 2 Female

**M4-RACE**

**Race** Check the box that best identifies the subject's race.

- 1 White
- 2 Black
- 3 American Indian, Eskimo, or Aleut
- 4 Asian
- 0 Other, includes multi-racial
- U Race undetermined

**M5-ETHNICITY**

**Ethnicity** Check the box if the subject is Hispanic.

- 1 Hispanic

**M6-FAMILY TYPE**

**Family Type** Check the box that best describes the subject's family type.

- 1 Single parent
- 2 Foster parent(s)
- 3 Two parent family
- 4 Extended family
- N No family unit
- 0 Other family type
- U Unknown family type

**M7-MOTIVATION/RISK FACTORS****Motivation/Risk  
Factors**

Check all that apply but only one of codes 1 – 3.

- 1** Mild curiosity about fire
- 2** Moderate curiosity about fire
- 3** Extreme curiosity about fire
- 4** Diagnosed (or suspected) ADD/ADHD
- 5** History of trouble outside school
- 6** History of stealing or shoplifting
- 7** History of physically assaulting others
- 8** History of fireplay or firesetting
- 9** Transiency
- 0** Other motivation/risk factor
- U** Unknown motivation/risk factor

**M8-DISPOSITION OF PERSON UNDER 18****Disposition of  
Person Under 18**

Check the code that best describes the disposition of the juvenile firesetter.

- 1** Handled within department
- 2** Released to parent/guardian
- 3** Referred to other authority
- 4** Referred to treatment program
- 5** Arrested, charged as adult
- 6** Referred to firesetter intervention program
- 0** Other disposition
- U** Unknown disposition

## APPENDIX

### STATE, U. S. TERRITORY ABBREVIATIONS

	STATE		
AL	Alabama	VT	Vermont
AK	Alaska	VA	Virginia
AZ	Arizona	WA	Washington
AR	Arkansas	WV	West Virginia
CA	California	WI	Wisconsin
CO	Colorado	WY	Wyoming
CT	Connecticut		
DE	Delaware		<b>U. S. TERRITORY</b>
DC	District of Columbia	AS	American Samoa
FL	Florida	CZ	Canal Zone
GA	Georgia	GU	Guam
HI	Hawaii	FM	Federated States of Micronesia
ID	Idaho	MH	Marshall Islands
IL	Illinois	MP	Northern Mariana Islands
IN	Indiana	PW	Palau
IA	Iowa	PR	Puerto Rico
KS	Kansas	UM	US Minor Outlying Islands
KY	Kentucky	VI	Virgin Islands
LA	Louisiana		
ME	Maine		
MD	Maryland		
MA	Massachusetts		
MI	Michigan		
MN	Minnesota		
MS	Mississippi		
MO	Missouri		
MT	Montana		
NE	Nebraska		
NV	Nevada		
NH	New Hampshire		
NJ	New Jersey		
NM	New Mexico		
NY	New York		
NC	North Carolina		
ND	North Dakota		
OH	Ohio		
OK	Oklahoma		
OR	Oregon		
PA	Pennsylvania		
RI	Rhode Island		
SC	South Carolina		
SD	South Dakota		
TN	Tennessee		
TX	Texas		
UT	Utah		



